DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 3 MARCH 2016
10:00 – 12:00 NOON
MEMBERS ROOM, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	**Item** Apologies: Cllr Allen	**Lead**	**Information/ Discussion/ Decision**
1	10:00am	Welcome & Introductions	Cllr Smith	
2	10:10am	Minutes and matters arising from the meeting held on 8 December 2015 (attached) • Derbyshire Learning Disability Self-Assessment Framework (LD SAF) (attached)	Cllr Smith Deborah Jenkinson	Information
3	10:20am	Health & Wellbeing Strategy (attached)	Joy Hollister/ Ellen Langton	Discussion
4	10:40am	Healthwatch update • Intelligence Report – February 2016 (attached) • Access to Health Services for People with Learning Disabilities Report (attached)	Karen Ritchie	Information
5	11:00am	CCGs Update • Transformation Programme Office – Joined Up Care Board Update (attached)	Lynn Wilmott-Shepherd	Information
6	11:20am	Learning Disability Transforming Care	Joy Hollister/ Deborah Jenkinson	Discussion
7	11:45am	AOB		
8	12:00noon	**FINISH**		
		The next meeting of the Adult Care Board will take place on Thursday 16th June at 10:00am in Committee Room 1, County Hall, Matlock.		

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Pam Greaves
On behalf of Joy Hollister, Strategic Director - Adult Care Department
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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON

MONDAY 8 DECEMBER 2015 AT 2:00PM

DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ

PRESENT:

Joy Hollister	JH	Derbyshire County Council – Adult Care
Julie Vollor	JV	Derbyshire County Council – Adult Care
Cllr Lillian Robinson	LR	North East Derbyshire District Council
Nick Gamblin	NG	Derbyshire Police
Gareth Harry	GH	Hardwick CCG
Jenny Swatton	JS	Southern Derbyshire CCG
Darran West	DW	Public Health
Karen Macleod	KM	Derbyshire Probation
Mat Lee	ML	Derbyshire Fire and Rescue Service
Lynn Wilmott-Shepherd	LWS	Erewash CCG
Tanya Nolan	TN	Derbyshire Healthwatch
Stella Scott	SS	CVS
Andy Searle	AS	Safeguarding Board (Chair)
Linda Dale	LDa	Derbyshire County Council – Adult Care
Jacqui Willis	JW	NDVA - Chief Executive

IN ATTENDANCE:

Karen Lynam	KL	Derbyshire County Council - Adult Care (Minutes)
Liam Flynn	LF	Derbyshire County Council – Adult Care
Graham Spencer	GS	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Paul Smith	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Dave Allen	Derbyshire County Council Cabinet Member (Health & Communities)
Cllr Wayne Major	Derbyshire County Council Shadow Cabinet Member (Adult Care)

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Cllr Rob Davison	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Roger Miller	Derbyshire County Council – Adult Care
Jim Connolly	Hardwick CCG
Beverley Smith	North Derbyshire CCG
Dave Gardner	Hardwick CCG
Narinder Sharmer	Derbyshire Carers
Clare Watson	Tameside & Glossop CCG
Cath Walker	Derbyshire County Council
Andy Layzell	Southern Derbyshire CCG

Minute No	Item	Action
ACB 083/15	**WELCOME FROM JOY HOLLISTER AND APOLOGIES NOTED** **MINUTES FROM THE MEETING ON 14 SEPTEMBER 2015 & MATTERS ARISING** The minutes from 14 September 2015 were accepted as a true record.	
084/15	**CITIZENS PANEL FEEDBACK** The update paper was discussed. • The survey showed that many people go to their GP surgery to get social care and related information. **ACTION** – to see if it is possible to provide more detail from the survey data. • Three practices are to set up small Health and Wellbeing Zones. • An information and advice strategy is being developed.	**LMF**
085/15	**LEARNING DISABILITY/AUTISM SELF ASSESSMENT FRAMEWORK (SAF)** Autism SAF 1. Public Health is going to refresh the Autism JSNA 2. Diagnosis waiting lists: a. People referred by GPs do receive a diagnosis b. Some people are already known to Mental Health Services and are referred with a query diagnosis of autism. 3. Accommodation: additional joint work with District and Borough Councils is required. 4. Criminal Justice System: nominations for planning groups requested by DJ.	

	ACTION: to describe why, what commitment required The Autism SAF focuses on: • Planning • Training • Diagnosis • Care and support • Accommodation • Employment • Criminal Justice System <u>Learning Disability</u> <u>SAF: Areas discussed</u> 1. Being safe: Amber – to achieve a Green, 100% of Service Providers would need to be checked annually by Contracts Team 2. Greens: all are subject to continual improvement 3. Living Well: % of carers who feel that needs are being met. **ACTION** – to be raised at the Learning Disability Partnership Board 4. Health Checks: **ACTION** – request for a breakdown by Practice, to be shared with CCGs 5. Prisoners with a Learning Disabilty – AM noted that of the 300 people identified at Foston and Sudbury, a significant proportion of early casework has focused on people with a Learning Disabilty **ACTIONS**: • Action Plan to be sent out • To link data and progress with the Action Plan The Learning Disability SAF focuses on: • Staying healthy • Being safe • Living well	**DJ** **DJ** **Jackie Fleeman** **DJ** **DJ**
086/15	**<u>LEARNING DISABILITY UPDATE AND WAY FORWARD ON THE NATIONAL PLAN</u>** Andrew Milroy presented the national report 'Building the Right Support': a national plan to develop community services and close inpatient facilities for people with a Learning Disability and/or Autism who display behavior	

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	that challenges, including those with a Mental Health Condition. Locally significant progress has been made; have tracked the draft National Plan, therefore able to anticipate most of the requirements – except proscriptive requirements and speed of implementation. The 'footprint' of the plan remit be Derby City/Derbyshire-wide; with the expectation of a pooled budget. The first meeting arranged the plan which must be submitted by 8th February 2016. National discussions taking place about how the funding will work for people moving out of secure/medium secure locations into local accommodation. By February 2016 Healthwatch will have ensured there are a group of people trained for 'enter and view'. Proposal to access NHSE one-off funding to establish 'Inclusion Midlands' to support peer advocacy and advocacy for individuals. Needs to be people with 'lived experience' can be challenging to identify people to become involved. **ACTION** – to keep the Adult Care Board updated as this is a key work programme for 2016/17 onwards. • Joy Hollister is working with Andy Gregory on the implementation	**JH**
087/15	**PREVENTION FIRE AND RESCUE** Mat Lee gave a presentation about the prevention role of the Derbyshire Fire and Rescue Service (DFRS). **ACTION** - To be sent separately after the meeting. Currently working with 3 groups of people: 1. Education – general awareness (a statutory duty) 2. Targeting people less likely to survive a fire and/or cause; mainly 65 years plus (50% less likely to survive). Currently use fire crews to visit people re home safety, often not the most effective approach. 3. Vulnerable people who have been referred due to a social or health need.	**ML**

	Nationally falls prevention and Health and Wellbeing Board priorities are the top areas for Fire and Rescue prevention activities. Nationally-led: there will be 'Safe and Well' checks to provide seasonal fire safety advice, smoke alarms, falls risk assessments. DFRS uses the 'First Contact Scheme' unless there is a need for an urgent health and social care referral. **AGREED** that there are on-going IG/data sharing issues. Joy to see how High Peak has given their information sharing agreement to DFRS. Adult Care Board is very supportive of the work that DFRS is providing.	**JH**
088/15	**CARERS DIRECTION OF TRAVEL** Tony Ellingham gave an overview of the report. • Young carers are recognised in law for the first time and all carers have a right to an assessment regardless of whether they care for someone with eligible social care needs. • Some detailed conversations with Safeguarding still needed – Andy Searle is happy to work with Tony on this. • Childrens Services will relook at the service as a joined up approach is needed. To clarify funding. The report was endorsed.	**TE/AS**
089/15	**HEALTHWATCH UPDATE** The Autism Pathway report was well received. Reports coming up: • LD Report (March meeting) • Quality Checkers LD (March meeting) • Winterbourne Project • Enter and View for Ashcroft and Ashlee • Young Carers event (July 2016) • Young Carers Chill Out Day at Easter • Substance Misuse	

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090/15	**CCGS UPDATE** Lynne Wilmot-Shepherd provided an update from South Derbyshire CCG about the Transformation Programme Office and Joined Up Care Board.	
091/15	**ANY OTHER BUSINESS** • NICE guidance – workshop on 2nd March re hospital discharges and risk assessments in personalisation. • Healthy NEDDC Strategy on Homelessness work, Self-Harm re funding.	
	Dates of future Adult Care Board meetings: • 3 March 2016, 10:00 – 12:00, Members Room, County Hall, Matlock • 16 June 2016, 10:00 – 12:00, Committee Room 1, County Hall, Matlock • 15 September 2016, 10:00 – 12:00, Members Room, County Hall, Matlock	

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Derbyshire Learning Disability Self-Assessment Framework (LD SAF)

Action Plan 2015-2016

*** LDJCB – Learning Disability Joint Commissioning Board**

LD SAF MEASURE	DCC/NHS VALIDATED RATING	ACTIONS COMPLETED/ PROGRESS TO DATE	ON-GOING ACTION/S REQUIRED	WHO WILL DO THIS?	BY WHEN?
Section 1 - Staying Healthy					
Q1 - GP Registers **The Learning Disabilities Quality and Outcomes Framework register in Primary Care.** Primary care services know about people with learning disabilities. Their details are on the Quality Outcomes Framework (QOF) so they get the right support from health. The numbers of people on LD registers reflect the requirements outlined in the Quality Outcomes Framework (QOF).	**Green**	90% target being met with the help of electronic systems and local area team in place.	Strategic Health Facilitator Team (SHF) to continue working with and training GP's.	JF (NHS)	Review quarterly
		Website in place for GPs to access guidance information.		JF (NHS)	Review quarterly
		The CQC visit each Clinical Commissioning Group area typically once every six months to inspect a number of practices within that area. Results of annual health progress checks have been / are published on the CQC website. 79 Derbyshire GP reports published (as at February 2016). Most reported good regarding response to vulnerable people, 3 require improvement.	The CQC will have inspected every practice by April 2016. The SHF Team will consider how they link inspection frequency to ratings after this.	JF (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q2 – Long Term Health Conditions Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy. We compare treatment and outcomes for all four conditions between people with learning disabilities and others in the area and at local GP level.	**Green**		Local Area Team to continue gathering data to improve the health outcomes of people with LD (obesity in particular) and share this.	JF (NHS)	Review quarterly
			Data to be shared with public health colleagues and commissioners of services that address health outcomes in these conditions, so that people with LD are included and reasonable adjustments made.	JF (NHS)	Review quarterly
			This will continue to be covered in the updates for GP practices.	JF (NHS)	Review quarterly
			Further education of people with LD, social care providers, carers and support staff is required.	JF (NHS)	Review quarterly
			Review of the Care Act implications regarding the requirement to commission for wellbeing to be completed.	JF (NHS)	Review quarterly
		Long term health conditions added to commissioning specification.		JF (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q2 – Long Term Health Conditions continued…..	**Green**	Schedule of expected health appointments for people with LD shared with DCC Adult Care staff: • Direct Care Group and Service Managers • Fieldwork Group and Service (North & South) Managers • Fieldwork Senior Practitioners • Through the Practice Bulletin • BAME (Black, Asian, Minority and Ethnic) group • Shared Lives • Children's Services (Transitions/Schools) and • Carers Reference Group • Links from the Council website to the Derbyshire Healthcare Foundation Trust website. • Relevant providers by the Contracting and Compliance team.		JF (NHS)/ DJ/AMH (DCC)	**Oct 2015 – completed**

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q3 - Annual health checks (AHCs) and Registers This RAG question is based on coverage numbers and will be completed by the Learning Disabilities Observatory.	**Amber** ***LDJCB**	53% of people with LD have had an annual health check. AHC's have been included as part of commissioning guidance.		JF (NHS)	Review quarterly
		35% of GP practices were visited across the County/ City and electronic records of AHCs reviewed. Feedback was given to practices regarding good practice and improvements required.		JF (NHS)	Review quarterly
		Suggested to practices that they use the feedback reports as evidence for CQC.		JF (NHS)	Review quarterly
		Report collated and prepared for Commissioners.	Report to be amended and then released to CCGs and all GP practices for information. Report findings to be added to AHC training.	JF (NHS)	Review quarterly
			Strategic Health Facilitator Team to continue to offer support and deliver training to promote AHC's.	JF (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q3 - Annual health checks (AHCs) and Registers continued….	**Amber *LDJCB**	New web pages provide downloadable document.	Continue to promote sending out pre-check questionnaires through the use of CQC inspection requirements to prompt good practice and will be included in GP newsletters from CCGs.	JF (NHS)	Review quarterly
		Pre-check questionnaires shared with providers (through Contracting and Compliance Team), LD County Partnership Board and Carers Reference Group.	Circulate to DCC Adult Care staff and others as follows: • Direct Care Group and Service Managers • Fieldwork Group and Service (North & South) Managers • Fieldwork Senior Practitioners • Through the Practice Bulletin • BAME (Black, Asian, Minority and Ethnic) group • Shared Lives • Children's Services (Transitions/Schools) • Links from the Council website to the Derbyshire Healthcare Foundation Trust website.	DJ(DCC)	Oct 2015 – part completed

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q4 - Health Action Plans (HAPs) Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care.	**Red** ***LDJCB**	The commissioning of LD Annual Health checks includes the requirement for practices to provide a Health Action Plan. GP practices have been provided with HAP templates and this is covered as part of the HAP training to help align them to AHCs and increase the number of HAPs completed.	Emphasise the need for more HAPs to be completed **and** recorded in the GP practice system, through communication updates during 2016.	JF(NHS)	Review quarterly
		35% of GP practices were visited, some of those patients who had a LD Annual Health check records were reviewed and quality checked. **Findings included:** Whilst HAPs had been recorded as completed via Read coding, not all practices kept a copy or logged the health actions required (making progress difficult to monitor).		JF(NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q4 - Health Action Plans (HAPs) continued…..	**Red *LDJCB**	Other practices using the pre-health questionnaire added the HAP to the relevant section of the questionnaire, or the patient's own documentation. A record of advice given was not always added to the electronic patient record.		JF(NHS)	Review quarterly
		HAPs included as part of commissioning specification.		JF(NHS)	Review quarterly
Q5 - Cancer Screening across England: Cervical, Breast, Bowel. This RAG question is based on coverage numbers and will be completed by the Learning Disabilities Observatory.	**Red *LDJCB?**	Hardwick CCG completed an audit regarding cancer screening up take.	Audit report reviewed and follow up actions identified. Full results will be known once the full cycle of screening has taken place e.g. cervical 3/5 yearly.	JF (NHS)	Review quarterly
		Screening uptake with cytology reviewed, the uptake remains lower compared to the general population.		JF (NHS)	Review quarterly
		Information has been included in the map of medicine clinical system used by GPs in most CCGs regarding bowel screening.		JF (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q5 - Cancer Screening across England: Cervical, Breast, Bowel continued….	**Red *LDJCB?**	Cancer screening included as part of enhanced service training.		JF (NHS)	Review quarterly
		87% of GPs provided data through a Miquest query at year end.	Data to be fed back to practices during their learning disability updates and used to inform the cervical screening sample takers during their annual updates.	JF (NHS)	Review quarterly
		A bid has been submitted to NHS England in order to reimburse GP practices for cancer screening promotion. The bid has initial approval and is awaiting the response from NHS England's Regional Finance Director.	Following bid approval, a Project Lead will be recruited and a Local Enhanced Service created, which GPs will be asked to sign up to.	JF (NHS)	Review quarterly
		Improved numbers of bowel cancer screening achieved for people with LD.		JF (NHS)	Review quarterly
			Review data on cancer from Public Health Team which may include people with LD.	JF (NHS)	Review quarterly
Q6 - Primary /Secondary Care communication Primary Care communication of LD status to other healthcare providers (at referral).	**Amber *LDJCB?** **(Difficult to achieve green, as everyone uses different forms)**	DCHS reviewed forms and GP practices were asked to inform other services at the point of referral.		JL(NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q6 - Primary /Secondary Care communication continued….	**Amber *LDJCB?** **(Difficult to achieve green, as everyone uses different forms)**		The LD Clinical Professional Reference Group will review the new Accessible Information Standard for Health & Social Care and its implications going forward, at their next meeting on the 15 March 2016.	JL(NHS)	Review quarterly
			Following the implementation of the the Accessible Information Standard (on 31 July 2016), further work may be required to link it to CCG contacts. The aim of the new standard is to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language (BSL) interpreter).	JL(NHS)	Review quarterly
Q7 – Acute LD liaison function Learning Disability liaison function or equivalent process in acute settings (info. collated in Trusts).	**Green**	Liaison nurses located in the Royal Derby and Royal Chesterfield hospitals.	Continue to promote this.	JF(NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q7 – Acute LD liaison function continued….	**Green**	Details have been provided to GP practices via the training and new web pages.	Continue to promote this.	JF(NHS)	Review quarterly
		Details are included in Health action Planning and have been given at Forums and events aimed at providers and carers.	Continue to promote this.	JF(NHS)	Review quarterly
		The Royal Derby and Chesterfield Royal hospitals are promoting the service both internally to their own staff and externally.	Continue to promote this.	JF(NHS)	Review quarterly
		Contact details have been added to letters to patients identified with a learning disability by the Royal Derby hospital.	Continue to promote this.	JF(NHS)	Review quarterly
Q8 – Reasonable adjustments in primary care Considering NHS commissioned primary care services – dentistry, optometry, community pharmacy and podiatry. Universal services flag and identify and make reasonable adjustments (RAs).	**Amber** ***LDJCB?**		Increase the number of commissioned generic services to flag, identify and make reasonable adjustments for people with LD.	SE (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q8 – Reasonable adjustments in primary care continued…	**Amber *LDJCB?**	The identification of people with a LD using DCHS services has been chosen as one of their "Big 9".		SE (NHS)	Review quarterly
			LD status will be identified and flagged through the Equality and Diversity by the referrer or if self-declared, by the service user. The 'standard' will be for every patient to complete a questionnaire.	SE (NHS)	Review quarterly
			A sample audit of relevant patient notes will be undertaken quarterly, to check the integration of identified RAs into subsequent care planning and reporting.	SE (NHS)	Review quarterly
			Good practice in regard to integrating RAs will be pushed through the EDS2 and "Quality Always" initiatives.	SE (NHS)	Review quarterly
			Reasonable adjustments in relation to information and communication needs of people with LD, to be addressed in preparation for the implementation of the Accessible Information Standard (by 31 July 2016).	JF (NHS)	Review quarterly

Section 1 - Staying Healthy continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q8 – Reasonable adjustments in primary care continued…	**Amber *LDJCB?**		100% of first contact callers to complete an equality questionnaire.	SE (NHS)	Review quarterly
Q9 - Offender Health and the Criminal Justice System	**Amber**	Regional CJS group meeting attended and LDSAF question circulated to group members for info. (June 2015).		TS/TBC (NHS)	Review quarterly
		Report completed (4 February 2016) by a DCC Senior Practitioner Social Worker (Prisons) following the implementation of the Care Act 2014 in April 2015 re. the provision of Adult Social Care within both HMP Sudbury and HMP Foston.	Review report and share best practice with partners as appropriate.	DS/AMH (DCC)	Review quarterly
		Liaison and diversion nurses based in Derby. Liaison and diversion court report in place.	 Report to be circulated and used more widely.	TS/TBC (NHS)	Review quarterly

Section 2 - Keeping Safe					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q1 – Individual health and social care package reviews Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages, are reviewed regularly. **SAF Ratings** **Green** = Evidence of 100% of all care packages including personal budgets reviewed within 12 months covered by this self – assessment. **Amber** = Evidence of at least 90% of all care packages including personal budgets reviewed within the 12 months covered by this self-assessment. **Red** = Less than 90% of all care packages including personal budgets reviewed within the 12 months covered by this self-assessment.	**Red** ***LDJCB?**	Reviews of Supported Living, clients of joint funded placements and long stay completed - CPAs and/or CTRs carried out every 6 months.	Current reports needed from Health and Social Care on the number of open cases as a percentage of re-assessments within the last 12 months, and subsequent data analysis to monitor the percentage of reviews completed. Complete on-going review of reports on a 6 monthly basis.	JL (NHS)/ DJ(DCC)	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q2 – Learning Disability services contract compliance Contract compliance assurance for services primarily commissioned for people with a learning disability and their family carers.	**Amber *LDJCB?** (**Would need to carry out annual reviews within all LD service providers to achieve green)**	Bi-annual contract reviews completed.		N/A	N/A
Q3 – Monitor Assurances Assurances given regularly in Monitor Risk Assessment Framework for Foundation Trusts.	**Amber *LDJCB?**	All NHS trusts providing LD care in the area are now Foundation Trusts and commissioners require evidence as part of the contract monitoring arrangements. JL/TS and DG (Health) met to ensure the contract schedules are reviewed as part of this year's contract review, to improve clarity.	Service Specifications for the Trust to be reviewed as part of the Contract Review Group.	JL (NHS)/ /TS/TBC (NHS)	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q3 – Monitor Assurances continued…	**Amber *LDJCB?**	Improved work with contract managers to collate evidence via DHCFT service review sub-group, has been achieved through established monthly Contract review group meetings (attended by JL).		JL (NHS)/ / TS/TBC (NHS)	Review quarterly
		Quarterly updates have been provided for the NDCCG Quality Assurance meetings.		JL (NHS)/ /TS/TBC (NHS)	Review quarterly
Q4 – Adult Safeguarding Assurance of Safeguarding for people with a Learning Disability (in *all* provided services and support). **SAF green rating** = Evidence of robust, transparent and sustainable governance arrangements in place in all statutory organisations including Local Safeguarding Adults Board (s), Health & Well-Being Boards and Clinical Commissioning Executive Boards. The provider can demonstrate that delivery of Safeguarding Adults within the current Statutory Accountability and Assurance Framework includes people with LD.	**Green**		Continued commitment to use existing processes and meetings to monitor safeguarding and update any required learning, in response to reviews undertaken.	ALL	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q4 – Adult Safeguarding, SAF green rating continued…. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent. Every LD provider service has assured their board and others that quality, safety and safeguarding for people with LD is a clinical and strategic priority within all services. Key lessons from national reviews are included. There is evidence of active provider forum work addressing the LD agenda.	**Green**		Continued commitment to use existing processes and meetings to monitor safeguarding and update any required learning, in response to reviews undertaken.	ALL	Review quarterly

Section 2 - Keeping Safe continued…					
Q5 – Involvement of Self Advocates (people with learning disabilities) and Carers in training and recruitment **SAF Ratings** **Green** = In Learning Disability specific services there is evidence of all services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for Learning Disability awareness training (for example as part of Disability Equality training). **Amber** = In Learning Disability specific services there is evidence of some services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for Learning Disability awareness training (for example as part of Disability Equality training). **Red** = No evidence of involvement in recruitment and training and appropriate levels of disability equality training.	**Amber** ***LDJCB?**	This has been included in DCC contracts with providers.	Promote across services and providers through provider forums with assistance from the Contracting and Compliance team.	DJ /AMH (DCC)	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q6 – Compassion, Dignity and respect This item is answered by family carers and self advocates. Family carers and people with a learning disability agree that providers **treat people with** compassion, dignity and respect.	**Amber** ***LDJCB?**	A total of 11 (eleven) DCC learning disability framework and non-framework providers have achieved the Dignity in Care award (February 2016).		DJ /AMH (DCC)	Review quarterly
		Presentations made to County Learning Disability Partnership Board (21/10/2015) by TS and Good Health Group (02/12/2015) by JF.		DJ (DCC)/ TS/TBC/ JF (NHS)	Review quarterly
Q7 – Commissioning Strategy Impact Assessments Commissioning strategies for support, care and housing are the subject Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	**Amber** ***LDJCB?**	Commissioning strategies for support, care and housing are subject to Equality Impact Assessments (EIAs) and are clear about how they will address the needs and support requirements of people with learning disabilities. Any new strategies being developed will have EIA's in place.	Continue to ensure that all strategies have EIAs in place.	ALL	Review quarterly
			Public Health Team to complete a JSNA across Derbyshire on housing requirements including the specific requirements with an LD.	ALL	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q8 – Complaints lead to changes Commissioner can demonstrate that all providers change practice as a result of feedback from complaints, whistle blowing and experience.	**Green**		Continue to ask providers to demonstrate that they have changed practice as a result of feedback, complaints and whistle blowing and provide evidence of this as part of the contract compliance process.	ALL	Review quarterly
			Continue to use existing processes and meetings to monitor complaints, and update any required learning in response to reviews undertaken.	ALL	Review quarterly
		Learning from the CTR (Care and Treatment Review) process was shared at the LD Joint Commissioning Board in October 2015 and has also been shared with the Trust by JL.	Collate and share outcomes from Learning reviews and risk registers.	ALL	Review quarterly
Q9 - Mental Capacity Act and Deprivation of Liberty Safeguards Appropriate use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).	**Green**	This has been evidenced within the Transforming Care discharge planning in particular.	Continually ensure that all providers of services have policies to support people who may not be able to make decisions for themselves.	ALL	Review quarterly

Section 2 - Keeping Safe continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q9 - Mental Capacity Act and Deprivation of Liberty Safeguards continued….	**Green**		Continue to use existing processes and meetings to monitor that providers of contracted services support people and use MCA/ DOLs appropriately.	ALL	Review quarterly
Section 3 - Living well					
Q1 - Effective Joint working Effective joint working across health and social care.	**Green**		Ensure we continue to have good joint working, formal processes in place for finances, processes and dispute resolutions.	JL(NHS) / DJ (DCC)/ TS/TBC (NHS)	Review Quarterly
		The Transforming Care Partnership (TCP) Board has been established which provides a further robust framework for on-going effective working.	Continue to have a joint LD strategy and commissioning intentions.	JL(NHS) / DJ (DCC)/ TS/TBC (NHS)	Review Quarterly
Q2 - Local amenities and transport	**Green**	Changing Places Consultation completed.	Continue to publicise Changing Places more widely and maximise usage.	DCC	Mar 2015
			Continue to support development of Safe Places in Derbyshire.	DCC	Review quarterly

Section 3 - Living well continued….					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q3 - Arts and culture	**Green**		Continue to make arts and culture services more accessible to people with LD and promote cultural opportunities.	ALL LDPB's	Review quarterly
Q4 - Sport and leisure	**Amber *LDJCB?**		Identify and help to provide more support for people with Profound and Multiple Learning Disabilities.	LDPB's	Review quarterly
Q5 - Supporting people with LD into and in employment	**Green**	Derbyshire County Council plan includes employment.		DJ /AMH (DCC)/ LDPB's	Review quarterly
		DCC employment service in place to support and increase the number of people with a learning disability supported in paid employment.		DJ /AMH (DCC)/ LDPB's	Review quarterly
		The DCC Disability Employment Service Team completed an employment task force event in June 2015.		DJ /AMH (DCC)/ LDPB's	Review quarterly
		DCC staff reminded to record information on clients with a learning disability in paid employment, on Framework-i (Practice Bulletin 105, November 2015).		DJ /AMH (DCC)/ LDPB's	Review quarterly

Section 3 - Living well continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q6 - Transition to Adulthood Preparing for Adulthood in Education, Health and Social Care	**Green**	Adult Care and Children's Services work together to support transition through the Transition Programme Board, and work plans which are monitored and reported on. All age pathway Boards have been established – Transforming Care Partnership and Autism.		N/A	N/A
Q7 – **Involvement in service planning and decision making** People with learning disabilities and family carers are actively involved in discussion and decision making about service planning and strategy.	**Green**	In addition to people with learning disabilities and family carers being involved in the Derbyshire County Learning Disability Partnership Boards (LDPB's), Taskforce events, surveys and stakeholder events, the recent responses to the Healthwatch study (re. accessing universal health services) provides evidence of engagement.	Continue to provide support to the Partnership Boards and review involvement of hard to reach groups.	ALL	Review quarterly

Section 3 - Living well continued…					
LD SAF MEASURE	**DCC/NHS VALIDATED RATING**	**ACTIONS COMPLETED/ PROGRESS TO DATE**	**ON-GOING ACTION/S REQUIRED**	**WHO WILL DO THIS?**	**BY WHEN?**
Q8 – Carer satisfaction rating This measure should be rated by family carers. A question for carers – We asked – 'How satisfied are you that your needs as a carer are being met?'	**Amber** ***LDJCB?**	Annual Carers survey completed (ASCOF measure). A number of engagement events took place (in 2015) with the Carers Reference Group which focused on their journey as a carer. The feedback was used to help inform the Carers strategy and was shared with the Carers Commissioning Board.	Continue to carry out customer/service user satisfaction surveys.	ALL	Review quarterly
Overall rating (2014) from IHAL Team	**Green**				

Health and Wellbeing Board Strategy implementation

Adult Care Board

3 March 2016

1. Purpose of the Report

To share the Health and Wellbeing Strategy with the Adult Care Board for information, noting key actions which the Board will need to support over the next two years.

2. Information and Analysis

Derbyshire's first Health and Wellbeing Strategy was in place from 2012 until 2015 and followed a life course approach. Throughout the course of 2015 the Health and Wellbeing Board has been engaged with the development of a strategy, which will be delivered over the next two years until the end of 2017. The updated strategy for 2015-17 is attached as Appendix 1.

To help inform the development of the new strategy, evidence, engagement and policy development work undertaken for the initial strategy was reviewed. Additionally national and local policy documents and the latest JSNA data has been considered to ensure that the refreshed strategy reflects the latest thinking and strategic position. Recommendations and guidance from the 2014 LGA Peer Review of the Derbyshire Health and Wellbeing Board have also been reflected within the revised document.

The Health and Wellbeing Board has regularly received update papers on the progress of the development of the strategy throughout 2015

Prior to finalisation, the strategy it has been subject to a period of consultation amongst Health and Wellbeing Board members. Comments and feedback from the consultation have been included in the final version of the strategy which was formally signed off by the Health and Wellbeing Board on 19 November 2015.

As a result of this development work, the refreshed Health and Wellbeing 2015-17 strategy takes a different approach to the previous iteration, as it does not provide a comprehensive long-list of work that the Board collectively, or as individual partner organisations, undertakes and considers 'business as usual'. Instead, it focuses on the delivery of four key priorities identified as areas where the Health and Wellbeing Board can add value. These are to:

- Keep people healthy and independent in their own home;
- Build social capital;
- Create healthy communities; and
- Support the emotional health and wellbeing of children and young people.

The priorities link to and reflect key priorities in the Council Plan, including integrated health and social care, person focused approaches and joined-up services which help reduce long-term dependency and make the most effective use of the limited and shrinking budget across Derbyshire's health and social care economy.

Keep people healthy and independent in their own home

This priority considers the Derbyshire Care Wedge and how demand and provision can be shifted from costly acute care, to preventative measures that support individuals to remain independent and in their own home for as long as possible. This priority recognises that changing demographics of Derbyshire and its increasingly ageing population. The priority provides a commitment to delivering the joint vision for health and social care and the National Voice definition of integration that 'I can plan my care with people who work together to understand me and my carers allowing me control and bringing together services to achieve the outcomes important to me'.

The Health and Wellbeing Board has identified that its work over the next two years needs to focus on the cross-cutting enabling elements of the Joined Up Care Transformation Programmes to ensure that there is a consistency across the county footprint, so that best practice can be shared and the impact across the whole health and social care system is maximised.

Specific areas where Adult Care will contribute to the delivery of the Health and Wellbeing Strategy include:

- Actions relating to workforce development, including the development of a talent management strategy, creating a process to enable 'job swaps' across the health and social care sector and implementing an integrated training programme will be co-ordinated by the Workforce group of the 21c and JUC boards
- Actions relating to assets and estates, include the development of a joint asset database, scoping how out assets can be opened up for greater community use and developing
- HWB Core Group will consider any potential issues which need to be unblocked in relation to health and social care integration. Members of the group will also ensure that best practice is shared to enable health and social care integration to happen at pace and scale. Both the Strategic Director and Cabinet Member for Adult Care are members of Core Group and will play important roles in considering key issues as and when they arise.
- Representatives from Adult Care will also be required to contribute to actions supporting the introduction of seven day a week working and the quality governance framework via these project groups as they are developed.

- Adult Care continues to be represented on other working groups established by the Health and Wellbeing Board, including the VCS Task and Finish Group and the Social Capital Implementation Group.

Better Care Fund

The Health and Wellbeing Board also regularly receives updates on the Better Care Fund, specifically the Quarterly performance updates, which require sign off by the Health and Wellbeing Board Chair.

As the fund looks set to continue into 2016/17, the Health and Wellbeing Board will continue to have a role in assurance and governance of the project.

Strategy monitoring

To track progress on the implementation of the strategy, exception reporting mechanisms will be in place to allow project groups/ lead organisations to flag any issues of concern with the Priority Champion, Core Group or the Health and Wellbeing Board, as appropriate.

Health and Wellbeing Board Priority champions will act as the main point of advice and challenge for the work being delivered should any issues arise. Priority champions will provide feedback and update the Health and Wellbeing Board meetings on implementation every six months. The first update report will be presented to the Board in May 2016. In addition, key outputs, such as strategies or plans for approval or consultation, will form substantive agenda items at future meetings of the Health and Wellbeing Board throughout 2016 and 2017.

The Adult Care Board is asked to:

- Note that the Health and Wellbeing Strategy has been approved by the Health and Wellbeing Board
- Consider how Adult Care can best support the implementation of the strategy, specifically noting the actions where it has been identified Adult Care will need to provide particular input and support.

David Lowe

Strategic Director, Health and Communities

Derbyshire County Council

HEALTHY DERBYSHIRE

Derbyshire Health and Wellbeing Strategy
2015-17

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Foreword from the Chair of the Health and Wellbeing Board

The Health and Wellbeing Board has been established for three years and in that time we have come a long way and stronger relationships between partner organisations have developed.

The time is now right for us to look at what we do and how we do it, to make sure that we make the most effective use of our ever shrinking financial resources across the health and social care system.

Over the past three years public services in Derbyshire have faced continual rounds of budget cuts, the County Council alone has to cut £157 million by 2017/18 and the NHS has an estimated deficit of £150m over the next five years. This has meant all health and wellbeing partners have had to take some tough decisions to reduce services whilst trying to find different ways to support the health and wellbeing of our residents, particularly those who are most vulnerable.

As Chair of the Health and Wellbeing Board, I am determined to ensure that we work together to do the best we can for the communities of Derbyshire by making the most effective use of our limited budget. Utilising our strengths and specialities, such as the role of district councils in relation to housing and voluntary sector in terms of community support, we need to think differently, work innovatively and collaborate across organisational boundaries. By doing this, we will be able to meet the challenges related to an increasingly ageing population, support families and individuals with complex needs, tackle health inequalities and ensure the best start in life for children and young people.

Over the past year, we have taken time to review the arrangements in place for the Health and Wellbeing Board to make sure it remains fit for purpose and can tackle the challenges ahead. In the next two years we must continue to deliver against our identified priorities outlined in this strategy, to help deliver our vision. But health is about more than organisations working and delivering together – it involves every single Derbyshire resident. We all have a responsibility to look after our own health and we need everyone to pledge ways in which they can do their bit to maintain a healthy lifestyle. I want to make sure that the Health and Wellbeing Board is greater than the sum of its parts and I believe the Board can make an important contribution to improve our population health over the next two years.

Councillor Dave Allen
Chair of the Health and Wellbeing Board
and Cabinet Member for Health and Communities, Derbyshire County Council

Context

Both locally and nationally there is a clear drive to change the emphasis of the health system from one which treats ill-health to one which prevents people from becoming ill in the first place. Health and wellbeing partners in Derbyshire are committed to an approach which allows people to remain healthy and independent for as long as possible so that they have a better quality of life, with better outcomes.

Health and wellbeing partners in Derbyshire are committed to joining up health and social care so that we focus on the needs of an individual and we always work in a 'person-centred' way. Finding the right solution will be challenging, but we are determined to make this a reality.

Ways of working which centre on the whole needs of the person are in place with the introduction of virtual wards, telecare, integrated teams, and the voluntary sector single point of access (vSPA).

The Better Care Fund has also brought a sharp focus to what can be achieved together through aligned working and we want to build on this with our joined up care programmes. The County Council's role in reducing health inequalities and improving the health of the population provides opportunities to co-ordinate work.

Nationally, the NHS Five Year Forward View outlines a clear vision for how health services need to change so that new relationships are forged with patients, carers and citizens through the development of new models of care. In Derbyshire, Erewash is developing the Multi-speciality Community Provider (MCP) model, which will bring the community and health services closer together. All health partners in Derbyshire will follow these developments closely so that learning and innovation can be shared. We need to continue to work together to make sure that some of this good practice becomes more embedded across the whole system.

Over the next two years the Board will need to balance the immediate requirement to integrate services and commissioning with the longer term ambition to promote health and wellbeing in order to improve the general health of the population and reduce the increasing demand on acute services.

Why are we refreshing the health and wellbeing strategy?

The Health and Wellbeing Strategy 2015-17 outlines four priority areas, which the Health and Wellbeing Board will focus activity on over the next two years. This strategy does not provide a comprehensive long list of the work that the board collectively, or as individual partner organisations, are undertaking or consider 'business as usual'.

But, this is not to say these priorities are all that the Board will work on. The Health and Wellbeing Board, informed by the latest Joint Strategic Needs Assessment (JSNA), will continue to provide strategic direction and commission services to meet the health and wellbeing needs of the population of Derbyshire.

This refreshed strategy builds from the previous strategy 2012-2015, much of the evidence, engagement and policy development work undertaken is still relevant and where appropriate we have bought this up to date by using the latest JSNA data and other documents to help further inform our thinking. To this end our vision remains unchanged:

"To reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with our communities."

Our priorities, outlined on the next page will allow us to consider where by working together, joining things up and delivering through strong collective leadership, a greater – more positive – impact can be made to prevent avoidable ill health and reduce health inequalities.

This more focused approach is drawn from a recommendation of the LGA Peer Review Team, which spent time in Derbyshire in the autumn of 2014. The review team endorsed the approach taken in this refreshed strategy to narrow the scope of work and deliver agreed actions in a small number of priority areas. We have subsequently held a number of workshops to develop our priorities and issues identified in these sessions form the basis of this strategy. This approach will help ensure that outcomes are realised within the two year time frame and we make the best use of our precious financial resources.

Each of the priority areas has identified leads, accountable to the Health and Wellbeing Board, for the delivery of agreed actions. These leads will be required to provide regular updates on progress to the Health and Wellbeing Board and additional workshops will take place to allow us to focus on solving problems and generating new solutions to maintain delivery at pace and scale. In addition, task and finish groups will be created to take specific pieces of work forward, delivering practical solutions to the strategic priorities.

Our priority areas for health and wellbeing

Our priorities

Keep people healthy and independent in their own home

Build social capital

Create healthy communities

Support the emotional health and wellbeing of children and young people

Addressing these priorities will help us work to achieve two overarching outcomes for Derbyshire:

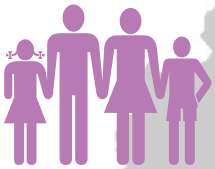
- Increased healthy life expectancy.
- Reduced differences in life expectancy and healthy life expectancy between communities.

We will address these priorities using the following principles and values:

- All services will be person centred and delivered in an integrated manner.
- Approaches to care will be provided flexibly taking into account all the circumstances around a person.
- People experiencing mental ill health will have both their physical and mental health needs met in a co-ordinated way.
- Individuals will benefit from community facing services.
- Services will be planned and delivered in partnership.
- Health lifestyles will be promoted.
- Core community services will be available seven days a week.
- Children and young people will be helped to reach their full potential.

The health of Derbyshire

This infographic provides a snap shot of the latest relevant statistics regarding the health and wellbeing of Derbyshire residents. The Joint Strategic Needs Assessment, a live document which is updated with the latest datasets and in-depth analysis and resources can be accessed on the Derbyshire Observatory .



Derbyshire has an estimated population of 779,800

Derbyshire's population is set to increase by 11.7% from 2012 to 2037

65+

Two out of ten people in the county are currently aged 65 and over, by 2037, this ratio will increase to three out of ten people

Female life expectancy is 83.2 and for males it is 79.4 years

The difference between the healthiest and unhealthiest areas of the county leads to differences in life expectancy of 7.9 years for males and 5.8 years for females

90+

The population aged 90 and over will more than double by 2037

Over the last 10 years the rates of death from all causes and the rates of death from cancer, heart disease and stroke have all improved and are close to average for England

12.1%

12.1% of residents provide unpaid care, compared to 10.2% for England

20.4%

20.4% of residents have limited day to day activities, compared to 17.6% for England

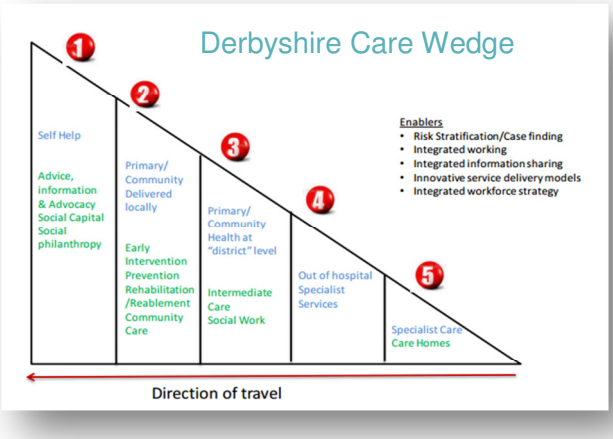
6.2%

6.2% of residents are in bad health compared to 5.5% for England

Hospital admissions caused by unintentional and deliberate injuries in young people is higher than in other areas

There were 3,903 deaths attributable to smoking between 2011 and 2013

Keep people healthy and independent in their own home



Derbyshire has an ageing population. By 2037 it is anticipated that the population aged 65 and over will have increased by 68% and the very elderly, those aged 90+, will have more than doubled in number from 2012. We need to take a longer-term view to consider how we will address the challenges of an increasingly ageing population by putting preventative steps in place now – if we don't we will face spiralling demand and costs.

There is a lot of work already underway to join up health and social care services as part of the Better Care Fund, which will help reduce demand on specialist and acute care, shifting provision using the Derbyshire Care Wedge to the community and self-help wherever possible and reducing demand on specialist care and care homes. In addition, this often means those individuals with physical or learning disabilities can live more independently at home with appropriate care and support arrangements in place.

The Derbyshire Health and Wellbeing Board has an agreed vision for integrated health and social care, which is aligned to the Better Care Fund, the transformation programmes in the north, through 21c Joined Up Care, and south, through Joined Up Care for the South of Derbyshire, alongside Tameside and Glossop's Care Together programme. A full copy of this vision document is included at the end of this document.

The Health and Wellbeing Board has identified that its work over the next two years needs to focus on the cross cutting enabling elements of the transformation programmes, to ensure there is consistency across the county footprint, so that best practice can be shared and impact across the whole health and social care system is maximised. Work will therefore focus on delivering the aspirations for a joint workforce, considering how we make the best use of our estate, what shared performance arrangements need to be in place and how the Health and Wellbeing Board can provide oversight and evolve to best support more integrated working.

What do we want to achieve by 2017?

- Partners will be delivering the joint vision for health and social care for Derbyshire, which supports the definition of integration produced by National Voices: “I can plan my care with people who work together to understand me and my carers allowing me control and bringing together services to achieve the outcomes important to me”.
- We will work in partnership with the people needing care and their families and carers to provide care as close to the person’s home or, where practical, within the home. Where appropriate we will support them to access the right care in a specialist setting, such as an acute hospital or residential care home.
- Care co-ordination will seek to create person centred solutions. These will be developed alongside the person using their strengths and aspirations supported by multi agency teams as appropriate.
- We will have a joined up workforce equipped to work in multi-disciplinary teams, ensuring organisation boundaries do not get in the way of a seamless services for local people.

How will the Health and Wellbeing Board add value to achieve these aims?

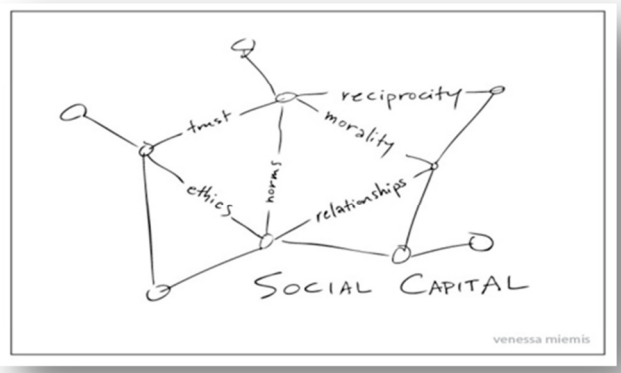
- Support primary care transformation across the county in line with the respective Joined Up Care programmes.
- Develop a joint quality governance framework to ensure that quality flows throughout the system and is reflected throughout the commissioning process.
- Work together to share best practice and unblock key issues so that health and social care integration progresses at pace and scale.
- Strengthen links with neighbouring Health and Wellbeing Boards, especially Derby City, so we have a broader understanding of system change and good practice.
- Develop a talent management system to ensure we retain staff who can be effective integrated system leaders, facilitating job swaps across all parts of the health and social care sector so we develop the leaders of tomorrow.
- Implement an integrated training and development programme so there is one style, one approach and one set of values shared across organisations to allow our workforce to operate in a truly integrated manner.
- Gain a shared understanding our joint asset base, through the development of a live database where all assets are logged and is utilised and updated regularly.
- Open up our estate and facilities for greater community use and where appropriate share these assets between partners to maximise their potential.
- Share proposals for new build projects at Health and Wellbeing Board meetings so that opportunities are maximised for developing mixed-use, multi-function buildings.

- Develop a strategy regarding the release of our current estate, maximising the potential from this land and help us shape the market through, for example, requiring the development of housing built to lifetime homes standards.
- Develop an information governance, intelligence and performance framework, so that data is accurate and can be easily shared to ensure all partners have visibility of key datasets.

Key indicators to track:

- Emergency admissions for hip fractures in people aged 65 and over.
- Adult social care users have as much social contact as they would like.
- People aged 65 and over injured due to falls.
- People who are re-admitted to hospital due to an emergency within 30 days of discharge.
- Hospital episodes where individuals are admitted for non-elective procedures.
- Population aged 65 and over who are permanently admitted to residential and nursing care homes.
- Population aged 65 and over who are still at home 91 days after discharge from hospital following the use of re-ablement or rehabilitation services.
- Delayed transfers of care from hospital.
- Patients who took part in a GP Patient Survey who stated in the last six months, they had received enough support from local services/organisations to help manage their long-term condition.

Build social capital



Social capital is about the relationships, networks and trust which help people to support each other, build confidence and create the opportunities to bring about change in their lives and communities.

There is strong evidence that links the presence of social capital in communities with improved health outcomes, especially the possibility that social capital influences the relationship between socio-economic disadvantage and health inequality.

Building community networks and support that sustains health is an important element of the self-care agenda. The creation of social capital is a key part of adult care reforms and Clinical Commissioning Groups five year planning strategies. Utilised correctly it can act as 'the renewable energy' which can help reduce reliance on more expensive health interventions, building strengths within communities. We want to adopt a long-term approach to build social capital within communities to aide wellbeing.

Social capital is about everyone and can exist at different levels – with an individual, the community or with society as a whole. Building trust between different types of people and between people and public services is an important element of social capital. Therefore, individuals, community groups, the voluntary sector and public sector all have an equally important contribution to make in building social capital. Doing so, will alongside human, physical and economic capital help support resilient communities across Derbyshire.

Activity already takes place in both the public and voluntary sector, which builds social capital. For example luncheon clubs, local area co-ordination, projects which promote relationship building, the voluntary sector single point of access (vSPA) and initiatives which involves members of the community in co-design and co-production of services. The Health and Wellbeing Board recognises the importance of social capital and social networks in helping individuals remain independent and in their own home, social capital forms a key part of the Better Care Fund implementation. Through this priority the Board wants to gain a better understanding of what best supports people and communities in Derbyshire to better achieve health outcomes and agree a collective approach, which maximises impact in taking this work forward.

What do we want to achieve by 2017?

- Gain a better understanding of existing activity, investment, effectiveness and value which is currently being deployed to build social capital across all sectors.
- Agree the best way of investing to further develop social capital in terms of the Derbyshire care wedge to build self-care, prevention and appropriate interventions.
- Commit to a strengths based approach which recognises the assets rather than deficits of communities and individuals.
- People are enabled to support themselves and this reduces the need to access services.

How will the Health and Wellbeing Board add value to achieve these aims?

- Publish a report in the autumn of 2015 which will make a range of recommendations to be taken forward by all health and wellbeing partners and we will update this strategy to reflect these.
- Relationships matter to people at all levels and the Health and Wellbeing Board needs to consider this throughout all its work.
- Ensure that social capital forms a key-part of the joined up care programmes to encourage people to seek early help, promote self-care and prevent ill health.
- Implement a set of principles which will inform the commissioning of community based services to support the ongoing development of social capital.
- Develop a series of tools and enablers which all partners can use to support the further development of social capital in our communities.
- Pilot new service models which will develop and strengthen social capital, sharing learning and best practice across organisations so that these can be upscaled.
- Implement a way of measuring social capital that is meaningful to local residents and communities.

Key indicators to track:

- Residents trust people who live on their street to a large extent.
- Residents trust people living in the local area to a large extent.
- Residents state that trust in their neighbourhood has improved in the last 12 months.
- Residents state that trust in their neighbourhood has got worse in the last 12 months.
- Residents have been involved in decisions affecting their community in the last 12 months.
- Individuals who have provided unpaid help to a group, club or organisation at least once a month in the past year.

Create healthy communities

Our core aim is to reduce the health gap within Derbyshire and improve the health and wellbeing of all our population.

We need to lead a place based approach to working with communities which listens to local needs and experiences and creates healthy environments in which to grow up, live, work and grow old.

Whilst health across the county is generally good compared to other parts of the UK there are significant differences in life expectancy between the healthiest areas and unhealthiest areas of the county, at 7.9 years for males and 5.8 years for females. The differences in healthy life expectancy – that is the length of disability free life - are even greater between affluent and deprived sections of the population.

Poor health is costly to individuals, families and communities, but also to the health and social care system. In addition there are far ranging impacts upon a wide range of policy areas including community safety and education. Prevention is a core part of both the transformation programmes and the Better Care Fund. The Health and Wellbeing Board will champion this approach and ensure that work is strategically aligned to support the integration agenda.

Derbyshire County Council has recently become a member of the UK Healthy Cities Network with all the district and borough councils as associate members. The overarching goal of the network is to share good practice and encourage innovation in tackling health inequalities, promoting civic leadership and participatory governance. Core themes of the approach are:

- Focusing across all age groups and empowering people
- Tackling public health priorities and challenges
- Strengthening people centred systems and public health capacity
- Creating resilient communities and supportive environments

The healthy communities approach has the potential to lever major change on important local priorities. It is grounded in the belief that lasting impact depends upon building on local knowledge about needs, identifying local ambitions and securing commitment to change with a wide range of partners, including non-traditional 'health' partners such as planning and the economy.

Using this framework, local health partnerships have identified the following priorities and ambitions where collaborative action has the potential to achieve lasting impact for health:

- Increasing levels of health literacy
- Building health into policies and decision making processes for urban planning and growth
- Raising the aspirations and attainment in young people (linked to resilience)
- Promoting physical activity and healthy eating, especially for young people and families
- Supporting older people to maintain their independence
- Increasing resilience and social capital for people and communities

What do we want to achieve by 2017?

- Active communities where individuals are enabled to look after their own health and that of their families (health literacy).
- Resilient and connected communities with high levels of aspiration and attainment for our young people.
- Caring communities where older people are supported to be independent in their own homes.
- Health as a goal embedded in the planning and development process, so we can 'design in' health benefits and 'design out' health inequality.
- Elected members, organisations and their workforces acting as enablers, alongside individuals and communities, to develop and deliver local evidence based action.

How will the Health and Wellbeing Board add value to achieve these aims?

- Understand the infrastructure within our communities to see how public, voluntary and community assets can come together to promote health and wellbeing.
- Work with district councils and other partners and communities to develop and deliver action on locally agreed Healthy Communities priorities.
- Work with Elected Members so they understand how they can provide key links between organisations to promote health and wellbeing in their local areas.
- Enable all our workplaces and workforces to be health promoting, to be advocates of good health, making sure every contact counts to offer lifestyle support with individuals and families who use our services.
- Commit to a shared statement on planning and health to maximise the important contribution that planning can make to reducing health inequalities.
- Support and contribute to Health Impact Assessments to ensure that the health benefits of large scale developments in the county can be fully realised.
- Share information with developers about how they can ensure they build healthy homes to meet the changing needs of our population.

Key indicators to track:

- Healthy life expectancy
- Adults who are physically active
- Childhood obesity
- Increase in levels of health literacy
- HIAs undertaken on all major developments and evidence of influence upon decision making

Support the emotional health and wellbeing of children and young people

We want children in Derbyshire to have the best start in life, ensuring that children have good access to support and advice if they experience mental health issues.

There is increasing evidence both nationally and locally that emotional health and wellbeing is an important issue to get right in early years. The latest national statistics suggest that 75% of adult mental health problems, excluding dementia, develop by the age of 18. However, a treatment gap exists where only 25%-30% of those with a diagnosable mental health condition accessed the support they needed.

Early intervention and prevention in childhood can avoid expensive and longer term interventions in adulthood. There is a clear cost benefit to society of tackling mental health issues early on in life. The mental health of children and young people is a large policy area so for the next two years the Health and Wellbeing Board has decided to focus its work on self-harm and suicide prevention amongst children and young people.

The latest national statistics suggest that numbers relating to reported suicides are low, but there is intelligence to suggest that self-harm is a growing issue. Self-harm is increasingly seen as a coping strategy by young people who feel overwhelmed by problems they can neither resolve nor live with. Many young people find it very difficult to express these concerns and seek help and some feel they are not listened to.

Suicide may often be the result of a combination of other factors, such as abuse, neglect, family problems or mental health issues. In many cases children and young people who take their own lives feel that there is no way out of their problems and the right help is not there. This is something we want to prevent.

Over the past year, the Children's Trust has developed an agreed approach to help individuals who self-harm, which is due to be signed off this autumn, and has supported a pilot working with young people in schools to consider how an appropriate early help offer can be developed with schools. In response to the Future in Mind report, the Children's Trust, working with CCG, partners and young people is developing a Transformation Plan for implementation.

The Health and Wellbeing Board does not want to duplicate the work undertaken by the Children's Trust Board. But, by taking a system wide view we can strengthen early intervention across the county and reduce the demand for costly services and provide additional support for young people identified at risk of self-harming or committing suicide.

What do we want to achieve by 2017?

- Adopt approaches which actively promote early intervention and prevention to support young people with a mental health issue who are at risk of self-harming.
- Increased resilience amongst young people so they have improved coping and problem solving skills.
- Reduced demand on high cost child and adolescent mental health services (CAMHS) and transitions to adult services.
- A whole system approach to strengthening preventative approaches, building resilience in children and young people and improving outcomes which better meet the identified needs of individuals.

How will the Health and Wellbeing Board add value to achieve these aims?

- Commit to develop and utilise approaches which allow for early intervention and prevention to support the emotional health and wellbeing of children.
- Explore opportunities for devolution of specialised commissioning from NHS England.
- Work with children and young people to raise their self-esteem and allow them to develop coping mechanisms to difficulties they encounter by involving them in determining what works best then developing a programme of work to respond.
- Develop a range of lower level support options, such as online self-help, peer support and informal counselling for young people so that they can seek help at an early stage.
- Utilise the transfer of commissioning 0-5 year old public health services to local government in October 2015 as an opportunity to create a stronger focus on mental health in the early years and beyond.
- Sign off and implement the 'Future in Mind' Transformation Plan, which will help build capacity within evidence based outcome focused CAMHS by 2020.
- Implement a training strategy across all agencies that support our workforce to deal with young people who self-harm confidently and reduce unnecessary referrals to more costly services.
- Hold a workshop with representatives from the north and south Derbyshire CAMHS teams and partners to simplify processes, explore data requirements, agree good practice and allows for greater equity in provision, which can then be shared and taken forward by the Health and Wellbeing Board for implementation.

Key indicators to track:

- Number of children in Derbyshire who self-harm and attend hospital due to these injuries.
- Children achieving a good level of development at the end of reception.
- GCSE attainment.
- Population aged 18 or under are admitted to hospital for alcohol specific issues.
- Suicide rate.
- Children aged 0-14 who are admitted to hospital due to unintentional and deliberate injuries.
- Children's perceptions of care and support.

How will we deliver this strategy?

There is enormous capacity and potential available across the partnership, which can be harnessed to achieve the actions and outcomes outlined in this strategy. To aide this, a member of the Health and Wellbeing Board has been identified to champion to take forward our priorities.

Identified leads will report back to the Health and Wellbeing Board on progress made against the actions and outcomes outlined in this strategy every six months. Health and Wellbeing Board meetings will provide opportunities for mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the person and delivered to the best possible standards. All Board members will hold each other to account to make sure we make the most effective use of our combined resources and limited budgets.

Poor performance against agreed delivery targets and timescales will be reported by exception to the Health and Wellbeing Board Core Group on a bi-monthly basis. This will allow for early awareness of potential issues to allow this group to consider if additional support can be put in place; whether the matter needs to be referred to the full board for consideration, a task and finish group established or a specific workshop organised to agree solutions.

We will track the high level indicators detailed for each priority over the life of the strategy so we can demonstrate that we have begun to ‘bend the curve’ and address key health and wellbeing challenges. In some instances, it will take a concerted effort over more than this two-year timeframe to reduce the variances in life expectancy currently seen across the county, but we want to demonstrate by 2017 that we have made a start. In addition to these indicators we will benchmark our performance against other Health and Wellbeing Boards from comparable areas to assess the effectiveness of the Board and the work it commissions.

Working together for a healthy Derbyshire

As much as the Health and Wellbeing Board has to be accountable for actions, we also need Derbyshire residents to be part of the solution. We want to establish an ongoing dialogue with our local communities about the most effective way to respond to local health challenges, but also allow local residents to understand their own responsibilities when it comes to their personal health and wellbeing.

Healthwatch also provides us with intelligence and insight of the views and opinions of a range of social care and health services. The Health and Wellbeing Board receives regularly updates from Healthwatch and through a range of deep-dive reports we gain a detailed understanding of current issues and consider where there are opportunities to improve.

We are currently developing a Health and Wellbeing Board Engagement and Communications Plan. This document will set out how we intend to have conversations with service users, local communities and individual residents to enable us to understand more about the health needs of the population and how we can work more effectively to address these needs through the co-production of services.

We also want to engage with communities and individuals so that they can understand more about what they can do together to live a healthy lifestyle or support family members, friends and neighbours who may be in ill-health.

We don't want to duplicate the work of other organisations and work which is already taking place in Derbyshire. Therefore we will ensure that our work mesh with other strategic documents and we will continue to share information and learning with other boards and committees such as the Adults and Children's Safeguarding Boards, the transformation boards, the Children's Trust and Adult Care Board.

Through an open conversation with partners and communities we will encourage individuals to lead healthier lifestyles, support people in poor health and ensure we work together to make the best use of our collective resource so we can all make a difference to begin to reduce the health inequalities and tackle the major health and wellbeing issues in Derbyshire.

Health and Wellbeing Board Members

Cabinet Member for Health and Communities, Chair of the Health and Wellbeing Board, Derbyshire County Council
Leader of Derbyshire County Council
Cabinet Member for Children and Young People, Derbyshire County Council
Cabinet Member for Adult Social Care, Derbyshire County Council
Director of Public Health, Derbyshire County Council
Strategic Director of Adult Social Care, Derbyshire County Council
Strategic Director for Children and Younger Adults, Derbyshire County Council
Strategic Director for Health and Communities, Derbyshire County Council
Shadow Cabinet Member Health and Communities, Derbyshire County Council
Chief Executive, Chesterfield Borough Council
Leader, South Derbyshire District Council
Leader, Bolsover District Council
Chair, Erewash Clinical Commissioning Group
Chief Operating Officer, Erewash Clinical Commissioning Group
Chair, Hardwick Clinical Commissioning Group
Chief Operating Officer, Hardwick Clinical Commissioning Group
GP representative, North Derbyshire Clinical Commissioning Group
Chief Operating Officer, North Derbyshire Clinical Commissioning Group
Chair, Southern Derbyshire Clinical Commissioning Group
Chief Operating Officer, Southern Derbyshire Clinical Commissioning Group
Chair, Tameside and Glossop Clinical Commissioning Group
Chief Operating Officer, Tameside and Glossop Clinical Commissioning Group
Chair, Healthwatch Derbyshire
Chief Executive, Healthwatch Derbyshire
Police and Crime Commissioner for Derbyshire
Director, NHS England East Midlands
Chair, Chesterfield Royal Hospital NHS Foundation Trust
Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
Chief Executive, North Derbyshire Voluntary Association
Chief Executive, South Derbyshire CVS
Chair, Derbyshire Community Health Services NHS Foundation Trust
Chief Executive, Derbyshire Community Health Services NHS Foundation Trust
Chair, Derby Teaching Hospitals NHS Trust
Chief Executive, Derby Teaching Hospitals NHS Trust
Chair, Derbyshire Healthcare Foundation Trust
Chief Executive, Derbyshire Healthcare Foundation Trust
Deputy Chief Fire Officer, Derbyshire Fire and Rescue
Chief Executive, East Midlands Ambulance Trust

Correct at July 2015

A Derby and Derbyshire approach to all health and care service organisations working as one

All health and care service organisations in Derbyshire want to ensure people stay healthy and independent for as long as possible. We are committed to preventing ill-health and dependency, through self-help, community resilience and a range of inclusive universal services.

When people do want to access our specific health and care services, the way in which they wish to do so is changing. People want to receive support within their own homes for as long as possible, community services to be more accessible, staying overnight in hospital only when absolutely necessary. This is true across all health conditions and for all ages.

People want their health and care to be delivered flexibly and be available during evenings and the weekend.

We know this because the people of Derby City and Derbyshire have shared this with us. Our challenge is to make this happen, to meet the changing health and care needs and to provide more opportunities to help people take more control of their own care.

We have been working together to address the challenges we all face. We are confident that the best way to improve and develop services across Derby City and Derbyshire is to do it together, in a consistent and joined up way.

This approach is shared by us all, and reflects our commitment to work together to meet the needs and expectations of people living in Derby City and Derbyshire.

To do this, we are committed to:

- working with patients, carers, young people and families to enable them to take more control of their own health and care needs.
- working as one big team, across organisations and within communities, to achieve the best outcomes for the people of Derby City and Derbyshire. We will establish a set of shared values, and work together in a consistent and collaborative way.
- people telling their story once. Where possible and appropriate, we will share information and knowledge between us, reduce transfers between services, enhancing people's experience of our services.
- providing care at or close to home where possible. We will work together in an innovative way to develop new models of care, that best meet the needs of the people of Derby City and Derbyshire.
- delivering accessible local services which are of high quality and are able to demonstrate they provide taxpayers with value for money.

This is how we will improve health and care services for people in Derby City and Derbyshire. We are committed to working together to develop healthy, independent and resilient communities in which people can flourish.

Derbyshire Health and Wellbeing Board – role and function

The overarching aim of the Derbyshire Health and Wellbeing Board (HWB) is to provide a joined-up health and care system which is financially sustainable and provides the best care possible. The core strategic function of the Derbyshire Health and Wellbeing Board is as follows:

1. Provide strategic leadership for the Derbyshire health and care system.
    a. Set the vision for improving the health and wellbeing of the people of Derbyshire;
    b. Hold organisations and partners to account for progress in delivering this vision;
    c. Identify and seek to address the big strategic challenges facing health and care now and in the future;
    d. Explore opportunities for improving the health and care system in Derbyshire, building on the shared assets of the HWB partners and leveraging additional investment where possible.
2. Oversee and direct the development of whole person centred integrated health and care services in the county.
    a. Provide advice and direction to the transformation programmes in the county;
    b. Explore opportunities for aligning and joining budgets and resources across the county; and
    c. Support the delivery of the Better Care Fund Plan.

These ambitions will be supported by the following actions:

1. Identify and develop a shared understanding of the needs and priorities of local communities in Derbyshire through the development of the Derbyshire Joint Strategic Needs Assessment (JSNA) with the Clinical Commissioning Groups (CCGs). The Board will:
    a. Ensure the Derbyshire JSNA is reviewed, refreshed and further developed taking into account the latest evidence and data so that it is fit for purpose and reflects the views of local people, users and stakeholders;
    b. Ensure the JSNA drives the development of the Joint Derbyshire Health and Wellbeing Strategy (HWBS) and influences other key plans and strategies across the county;
    c. Ensure the County Council, CCGs and other HWB partners demonstrate how the JSNA has driven commissioning decisions.
2. Prepare, publish and oversee the HWBS for Derbyshire to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measured way. The Board will:
    a. Take account of the health needs, inequalities and risk factors identified in the Derbyshire JSNA along with recommendations set out in the Director of Public Health's Annual Report;
    b. Develop an agreed set of strategic priorities to focus both collective effort and resources across the county;
    c. Ensure that plans are in place to deliver the Board's strategic priorities and outcomes;
    d. Challenge the performance of delivery plans taking action as necessary to support underperformance through the agreement of recovery and improvement plans;
    e. Receive reports from other strategic groups and partners in the county responsible for delivery;
    f. Develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes ensuring linkages with performance frameworks for the NHS, public health and local authorities.
3. Develop effective mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire to ensure that the work of the Board reflects local needs. The Board will:
    a. Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders;
    b. Represent Derbyshire in relation to Health and Wellbeing issues across localities and at a sub-regional and national level; and
    c. Work closely with the Derbyshire HealthWatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place.

A full version of the Terms of Reference can be found on the Derbyshire County Council website.

For further information about the Derbyshire Health and Wellbeing Board log on to:

derbyshire.gov.uk/healthandwellbeingboard

Intelligence Report – February 2016

Please direct all enquiries to Helen Hart, Intelligence and Insight Manager, helen@healthwatchderbyshire.co.uk or 01773 880786.

All our reports can be found at http://www.healthwatchderbyshire.co.uk/category/our-work/

Current Areas of Work

New Report

Access to Health Services for People with Learning Disabilities Report

This report is based on 171 responses from people with learning disabilities. The questions could be completed by the individual alone, as part of a small focus group or with support from a Healthwatch Engagement Officer, care worker, friend, family member or carer. A series of visual aids and symbols were also used to support communication with people with learning disabilities.

Summary of Findings

There are several positive themes that have emerged from the findings, these relate to:

- Flexibility to allow the patient to attend appointments at a time of day that suits them.
- Clear communication to explain why and when appointments are running late or are cancelled.
- Allowing extra time to take conversations slowly.
- Health professional speaking to both the patient and their carer.
- The support given by Specialist Learning Disability Nurses in acute hospitals.
- The provision of easy read information.
- Health professionals listening, giving additional explanation and gaining understanding in plain English.
- Staff that are friendly and personable.
- Continuity with the same health professional.

Negative themes that emerged included:

- The positive themes reversed:
    - Not being talked to directly.
    - Professionals not talking slowly or steadily enough or checking understanding.
    - No communication as to why individuals were having to wait.
    - Use of complex language that individuals can't understand.
    - Lack of Easy Read information.
- Some staff lacking understanding/awareness about learning disabilities on some acute wards.

- Lack of agreed 'Stop' sign that someone with a learning disability can use when treatment is painful/uncomfortable e.g. dental treatment.
- Problems with managing or paying for footcare.
- Lack of time for additional explanation/conversation when a single GP appointment is booked.
- Audio and visual announcement are required by some individuals, as they may not be able to see or read.

Recommendations

This report recommends that health services should review their ability to identify patients with a learning disability and make reasonable adjustments to their needs as highlighted in the patient feedback given, to include:

1. Registering and accommodating a preference regarding appointment times, when possible.
2. Developing communication systems that explain when and why appointments are running late or are cancelled.
3. Creating systems to allow extra time in appointments, such as the routine use of double appointments in General Practice.
4. Reviewing training/awareness for staff to build skills, techniques and confidence in dealing with learning disability patients and their carers.
5. Highlighting the specialist role of learning disability nurses in acute hospitals to ensure maximum awareness and usage of the service.
6. Reviewing the availability of appropriate easy read information.
7. Promoting continuity with the same health professional when possible.
8. Introducing an agreed 'stop' sign for painful/uncomfortable treatment when necessary.
9. That due consideration is given to the availability and provision of appropriate and affordable footcare.
10. That every reasonable effort is made to maximise the take up of the Annual Health Check.

Current Status

This report has been published with responses to the recommendations and can be found at: http://www.healthwatchderbyshire.co.uk/2016/02/access-to-health-services-for-people-with-learning-disabilities/

The content of the responses received from service providers and commissioners was extensive and very encouraging. We have summarised some of the action points below, all welcomed the report and its findings:

- Derbyshire County Council acknowledged that the findings were similar to the Joint Learning Disability Self-Assessment Framework, and felt that whilst it was clear that further work needed to be done, it was gratifying to see that many people have had good experiences and improvements have been made. Our report will contribute to the 2016 Joint Self-Assessment Framework submission, and the recommendations will be considered as part of the LD Self-Assessment Framework action planning process.

- Royal Derby Hospital found the feedback reassuring, and are very proud of the work of Debbie Edwards the LD Specialist Nurse, to whom they credit their achievements. They will continue amongst other things to promote the value of the LD Specialist Nurse and ensure staff are reminded about the service.

- Chesterfield Royal Hospital particularly acknowledge the issue around the development of communication systems that explain when and why appointments are running late or are cancelled, as this has also been highlighted as part of their friends and family test. They have procedures in place to address this, in particular the ability to set up specific care pathways on their 'Medway' system which alert staff when patients have a specific agreed care pathway. The trust is also looking into the feasibility of allowing extra time for appointments for people who have a learning disability, and have already achieved this in the breast screening unit. The trust would be happy to sign up to an agreed 'stop' sign for painful/uncomfortable treatment, but feel that this should be agreed Derbyshire wide, i.e. the same 'stop' sign needs to be used for all healthcare services. This is something they will work with the Learning Disability Partnership Boards to take forward.

- Hardwick CCG replied on behalf of all CCGs in Derbyshire. The work undertaken by the CCG to improve experiences for people with learning disabilities is extensive and is fully outlined in their response. They are pleased that the Learning Disability Liaison Nurse professional approach works well in Chesterfield Royal and Royal Derby Hospitals, and wish to support their continued efforts to improve services. They will pay particular attention to training and support to staff in the smaller hospitals. They also note the differential in health checks and the support offered by practices and will continue to ask practices to work with their health facilitators on the points patients raised. They will be asking the strategic health facilitator team to take forward our recommendations raised in relation to appointment times, communication systems and training (recommendations 1, 2, 3, 4, 7 and 8). They make reference to the 2016 Accessibility Information Standard which will mean that healthcare providers will all be required to record people's communication needs and respond to them. They have made contact with the Communication Teams across Derbyshire NHS community about this and suggested that they attend events in the East Midlands to help them to learn more about implementing the law. They will also remind equality leads in hospitals and clinics to use the pack 'My next patient has a learning disability' which will help them to communicate with people who have learning disabilities.

- Derbyshire Healthcare United stated that they had already made some adaptations to the service they provide in order to make them more accessible for people with learning disabilities, but since our report have re-addressed some of their approaches. DHU plan to produce an up to date leaflet to inform and educate all clinical and non-clinical staff regarding healthcare issues for people with learning disabilities. This leaflet will include the best way to adapt approach when communicating with a patient with a learning disability and issues to avoid (as highlighted within our report).

- Queen's Hospital Burton state that the recommendations promote how they want to deliver their services and will contribute to their continued striving to improve patient experience for the most vulnerable patients. They are currently reviewing how information about communication needs in relation to a learning disability or sensory impairment are recorded, shared across the hospital and acted upon, and expect that this will address several of the recommendations of the report.

- Derbyshire Community Health Services found the report very useful. They state that where their service users have identified a need for improvement they will now be

able to focus on developing their skills to meet that need. Since reading the report, they have discuss with leaders the importance of understanding what each service user's needs are – and the importance of identifying each person's preferences and communication abilities. They have agreed a commitment to improve their ability to communicate with all people with learning disabilities and to support staff in developing their skills. They outline a number of specific changes that they will implement that will help them bring about positive change within their services.

These actions will be reviewed by Healthwatch Derbyshire in August 2016

Young People not just Young Carers

Healthwatch Derbyshire, in partnership with Derbyshire Community Health Services NHS Foundation Trust (DCHS), have been conducting a series of multi-agency meetings to raise awareness of young carers in Derbyshire and the issues they face. The first young carers' meeting was held on the 27th July 2015. It brought together key agencies from health and social care, local authorities and public health, NHS commissioning and the voluntary sector. The aim was to kick-start greater awareness of the plight of young carers.

All participants committed themselves to raise awareness within their own organisations, and to look for opportunities to extend the support available to young carers. There was a request that each representative at the meeting makes a pledge to improve the lives of young carers. This was a realistic pledge, i.e. one that could be implemented under the current austerity measures. The hope being that each individual pledge would come together to create one big step forward in improving young carers' lives.

All attendees were remarkably positive about making their pledge. These pledges were re-visited at the second meeting that took place on the 30th October 2015, and further pledges where made by organisations attending for the first time.

This work will be concluded at a 'Young Carer Celebration Event' which is scheduled to take place on the 29th July 2016, to celebrate the success of the partnership, and award certificates of recognition to those you have brought their pledge to life. For more information please go to: http://www.healthwatchderbyshire.co.uk/2016/02/young-people-not-just-young-carers/

Autism Pathway Report

The purpose of this Service Evaluation was to give parents and carers the opportunity to talk in more detail about their experiences of the Autism Pathway in Derbyshire. We looked at the experiences of the pathway, not at particular professionals, departments or issues.

This Service Evaluation gathered qualitative accounts of 26 parent carer experiences of Derbyshire County Council's Autism Pathway over a 12 month period.

Recommendations (full recommendations can be found on Page 22 of the report):

- Increase awareness in education for teaching staff to recognise the signs of autism and to implement the appropriate support.
- Increase provision in appropriate support/advocacy for parent carers with children and the Autistic Spectrum and co-existing mental health problems.
- Increase provision of information to guide the parents through the pathway, to include the roles of the different professionals, what should happen at each assessment and local/national information.
- Ensure parent carers are aware that follow up appointments are available following diagnosis, when they are available and what their purpose is.
- A single point of contact, where the parent carer could communicate in order to be kept up to date with where they are in the process, and where they can access support to avoid getting to 'crisis point'.
- More courses need to be offered to parents whilst they are going through the pathway to help them with coping strategies.

Current Status

This report has been published with a response to the recommendations from the Derbyshire Children's Autism Co-ordinating Group. It can be found at: http://www.healthwatchderbyshire.co.uk/2015/11/autism-pathway-report/

"The group will be reviewing progress in early February, to look at what has changed as a result of this feedback. At our last meeting in October, Clinical Psychology reported that they had already improved their information pack for parents' carers in light of the report." Linda Dale, Head of Commissioning and Partnerships Children's Services, Derbyshire County Council.

Summary of the response from the Autism Co-ordination Group:-

- The findings will inform a review of the current pathway for children, young people and their families to access support.
- Members of the group will discuss the findings with their services and teams to make sure that they learn from families experiences of services. All partner agencies will be asked to explore their own practice, and report back to the group on how they are improving parents and carers experience of services.
- The group will consider what more can be done to support schools and other education providers in recognising the signs of autism and providing support.
- The group will review the information on the Local Offer about services for children and young people with autism, to make sure that it is comprehensive and easy to find. The Local Offer will also be publicised to families better.
- The group accepts that support for siblings is not consistently available, and that it would be desirable to increase support. The group also agrees that it would be desirable to increase the provision of workshops and training. These recommendations will need to be considered in the context of the significant budget challenges facing both the Local Authority and the NHS.
- The group welcomes the suggestion of a booklet to guide families through the pathway, and will explore the possibility of developing this.

These actions will be reviewed by Healthwatch Derbyshire in April 2016.

Child and Adolescent Mental Health Services (CAMHS)

There are two reports, one for the north and one for the south of the county due to different service providers. The report illustrates experiences of using CAMHS in Derbyshire, as told by young people, parents, carers and professionals.

Qualitative accounts are given in 29 interviews in total. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery.

Recommendations

Based on the information provided in both reports, the recommendations are that service providers consider the following (recommendations were subtly different in the north to the south, the list below is a combination of both):

- The referral system and the difficulties highlighted in getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- The implications of delayed diagnosis on both the young person and the parent or carer.
- Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
- The unique situation of children in foster care.
- The implications of placing young people in out of county beds.

Current Status

Both reports have been published with responses from service providers and commissioners. http://www.healthwatchderbyshire.co.uk/2015/09/camhs/

The reports were discussed at the Health and Wellbeing Board (HWB) on the 10th September 2015, and have been fed into, and acknowledged in, the Future in Mind Transformation Plan which addresses the recommendations in its content.

The HWB have requested a repeat of the engagement activity in 2-3 years to establish if this transformation plan has been effective.

Derbyshire Healthcare acknowledge in their response to the report that information is an area of development for their CAMHS services and have commissioned one of their service user representatives with support, to review and support them to improve the quality of their information, and to improve accessibility of online information. The idea of the 'welcome pack' expressed in our report will also be included in this. We have followed up on this work and it is expected to be completed in April 2016.

The response from Derbyshire CCGs includes an acknowledgement that their priority based on local evidence and engagement with service users is that services should be needs, rather than diagnostic, led so that support is available until a specialist assessment can be made. This is welcomed by Healthwatch Derbyshire.

The Improvement and Scrutiny People Committee has drawn the report to the attention of Cllr Jim Coyle, Cabinet Member for Children's Services.

"The committee endorses the recent report and findings from Healthwatch Derbyshire on Child Adolescent Mental Health Services (CAMHS) both for north and south Derbyshire and fully supports the recommendations that accompany the report. The Committee will be interested in evaluation of the effectiveness of the responses from the responsible Health Trusts and Commissioning bodies in due course." Cllr Diane Charles Chair of I&S People.

Progress on the recommendations will be monitored, and an update will be provided by Healthwatch Derbyshire in April 2016. Healthwatch Derbyshire is a member of the Future in Mind Stakeholder Group which met for the first time on the 2nd February 2016.

Cancer Services Report

This report explores the experiences of 102 patients who have accessed a wide range of cancer services. It looks at what works well, and what could be improved.

Recommendations

Based on the information provided, Healthwatch Derbyshire would recommend that the providers and commissioners of relevant services in Derbyshire consider the following:

- That newly diagnosed cancer patients receive the right information at the right place, delivered by the right person and at the right time for them after their diagnosis.
- That special consideration is given to the specific and detailed information required by women experiencing cancer in pregnancy.
- That special consideration is given to the specific and detailed information required for specific cancer types, such as prostate cancer.
- The specific needs of laryngectomy patients are recognised (where necessary in policy and procedure) and are delivered through training and awareness raising.
- That all staff involved in communicating sensitive information and informing patients and their family of a cancer diagnosis do this in a consistently sensitive and appropriate way.
- Steps are taken to ensure that every patient visit is as straightforward and streamlined as possible in terms of travel, parking and time in clinic plus wait for any medication.
- That hospices consider their branding, and how to raise referral rates from healthcare professionals and to develop a wider awareness of the portfolio of services offered.
- That specific steps are taken to ensure that information and signposting is thorough and routine.

Current Status

This report has been published with responses from service providers and commissioners and can be found at: /http://www.healthwatchderbyshire.co.uk/2015/11/cancer-services-in-derbyshire/

Erewash CCG said the report was timely as they are about to embark on a project reviewing and scoping the End of Life and Cancer Services within the area to ensure that patients receive the right services at the right time and in the right place. They will use our report and its recommendations as part of this project.

Chesterfield Royal Hospital said that they were expecting to see a vast improvement in services for cancer patients with the development of their new Cancer Centre, which will be a one purpose-build centre providing joined up services closer to home for North and North East Derbyshire.

They have pledged that they will ensure that all patients with a cancer diagnosis receive appropriate information, in an appropriate manner, and will ensure that all clinical nurse specialists and lead clinicians have attended advanced communication skills training.

They have also said that as a result of our report, recommendations around special consideration being given to the specific and detailed information required by women experiencing cancer in pregnancy, Chesterfield Royal's lead Cancer Nurse has highlighted the issue to all of their nurse specialists and circulated details of support groups and information sources for women facing cancer in pregnancy.

Derby Teaching Hospitals said they have taken on board the feedback and recommendations of the report and, following the 2014/2015 National Cancer Patient Experience survey, they will take into account this feedback, and ours, to put together an action plan and work programme to improve the experience of cancer patients. They will also revisit the information provided as part of this programme.

They are currently implementing a Cancer Treatment Care Plan which all newly diagnosed patients will receive a copy of outlining the treatment they will receive. The patient's GP will also receive a copy. We welcome this initiative.

They will also ensure that reception staff know that they have the discretion to offer a car park voucher to patients if they have been kept waiting for more than 2 hours for an appointment.

These actions will be reviewed by Healthwatch Derbyshire in April 2016

Discharge from Hospital

We continue to feed evidence into the Health Improvement and Scrutiny Committee's review of Acute Hospital Discharges. This review was planned as a result of evidence presented by Healthwatch Derbyshire, and is looking at the current processes used to discharge patients, identifying delays and other obstacles, and ascertaining potential improvements which could be implemented to achieve a more efficient discharge process and better patient experience. This has been a really good example of Healthwatch and Scrutiny working in partnership to explore a theme collaboratively.

Current Status

A forum for care home managers has been set up by Healthwatch and the DCHS care homes advisory service, so they can talk openly with members about their experience of discharge.

Recent Enter and View Reports

- Canal Vue Care Home re-visit to check recommendations have been implemented.

http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/01/FINAL-VERSION-RE-VISIT-TO-CANAL-VUE-REPORT.pdf
This report acknowledges the efforts of the manager and staff, as well as the cooperation of the residents and family visitors to bring about the change we requested after our visit in February 2015.

- Ashcroft Care Home
http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/01/FINAL-VERSION-ASHCROFT-CARE-HOME-ENTER-VIEW-REPORT.pdf
There were very few recommendations that Healthwatch Derbyshire authorised representatives wanted to put forward, only those that the manager was already working to achieve. This report is in the main very positive.

Upcoming Reports

- Ashlee Care Home Enter and View visit – to be published February 2016.
- Chesterfield Royal Hospital Dignity and Respect Enter and View visit taking place February 2016.

Current Priorities

- Exploring access to dental treatment on the NHS.
- Engagement activity with children and young people.
- Raising awareness amongst the general public of the need for service re-design and the importance of their contribution to the discussions taking place.
- People with drug or alcohol dependency: experiences of using health and social care services in Derbyshire.
- Question of the month: How do health and social care services respond when you need them?

healthwatch Derbyshire

Access to Health Services for People with Learning Disabilities Report

PATIENT EXPERIENCE REPORT

December 2015
Helen Hart
Intelligence & Insight Manager

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1. Acknowledgement

Healthwatch Derbyshire would like to thank the many groups and services who supported and cooperated with this engagement activity. We would also like to thank the many participants who gave up their time to talk to us about their experiences.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have cared, or care, for someone with a Learning Disability, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that patients, family, friends and carers have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. Background

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of 148 local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Information about the prevalence of Learning Disabilities can be found in the East Midlands Public Health Observatory.

DERBYSHIRE OBSERVATORY. (2013) *'Derby & Derbyshire Learning Disability Needs Assessment'*, [Online] Available from: http://observatory.derbyshire.gov.uk/IAS/Custom/resources/HealthandWellbeing/Health_Needs_Assessments/Derbyshire_LD_needs_assessment_final1.pdf [Accessed: December 2015].

The assessment states that:

"The prevalence of people with Learning Disabilities reflected in health and social care data is likely to be a significant under-estimate of the true number of people in the population with some degree of learning disability."

- Approximately 0.5% of the population in Derbyshire County are known to have a Learning Disability, similar to the national average. It is however estimated that the likely true prevalence is just over 2%, equating to approximately 15,250 people.

- The number of people on GP registers in Derbyshire is 2,904 individuals, and those with Learning Disabilities known to local authorities is 1,875 individuals.
- The percentage of the practice population recorded as having a Learning Disability by Clinical Commissioning Group (CCG) vary from 0.7% in Hardwick CCG to 0.55% in Southern Derbyshire CCG.
- **2008/09 – 2011/12** - There was a decrease in the percentage of people with a Learning Disability receiving GP health checks in Derbyshire County. This may however be due to greater numbers of people with Learning Disabilities being registered, and the proportion is significantly higher than the national average.
- Overall there is a higher prevalence of males with a Learning Disability than females, and in younger and middle aged adults.
- The median age of death for people with a Learning Disability in Derbyshire was 59 years; this is similar to the England average.

The draft 'Services for Derbyshire People with a Learning Disability Joint Commissioning Strategy 2009 – 2014' predicted: "*Between 2009 and 2029 the number of Derbyshire people with a learning disability is predicted to grow by 18%, but this hides a much bigger increase for those aged 65 plus. The number aged 65 plus is projected to grow by 67%, whilst those aged 18 – 64 are predicted to grow by some 7% over this period.*"

People with Learning Disabilities – Co-morbidities

- In Derbyshire, as a whole, there are a significantly higher proportion of patients with Learning Disabilities who have diabetes compared to the practice population as a whole.
- The percentage of people with Learning Disabilities who have epilepsy is significantly higher across all Derbyshire CCGs than the practice population.
- The data also shows that across Derbyshire as a whole there are significantly more people with Learning Disabilities who have asthma, schizophrenia, bipolar disorder or psychosis than the general practice population.
- Across all of the Derbyshire CCGs the rate of women with Learning Disabilities receiving cervical screening was significantly lower than the rate in the practice population.
- People with Learning Disabilities are less likely to have regular contact with dental services meaning that their oral health is often poorer than that of the general population. Dental work is also more likely to be reactive than preventative and is more likely to require general anaesthetic, meaning conditions may take longer to treat.

Learning Disability Health Self-Assessment

The Assessment also published findings from the Learning Disability Health Self-Assessment, revealing significant similarities to the comments made to Healthwatch Derbyshire.

Positive Comments

- The most common area commented on was that staff were nice/friendly/helpful.
- The opportunity to discuss concerns and worries, to receive advice and information and to be allowed adequate time also featured highly.
- Appointments being on time.

Negative Comments

- Appointments being late/waiting for other reasons was the most commonly cited negative aspect and the most common suggestion for improvement. Increased waiting times lead to increased anxiety for patients.
- Health services included staff being unfriendly or not explaining procedures so that the patient understood, including a lack of adapted materials.
- Difficulties in making appointments and consultations being rushed.

Suggested Improvements

Suggestions for improvements to health services to meet the needs of Learning Disabled clients centred around:

- Increased awareness of the issues faced by people with Learning Disabilities.
- More flexibility and adaptations in services.
- Additional time being given to ensure patients are receiving the services they need and that they understand what is happening during consultations.

4. Rationale for the Report

In order to enable a diverse range of people to share their views and concerns about their local health and social care services, Healthwatch Derbyshire aim to pay specific attention to those who struggle to be heard.

For this reason during May – July 2015 we agreed to focus our engagement activity on people with Learning Disabilities, and in particular their experience of 'accessing' health services.

By law, under the Equality Act 2010, all health services are required to make reasonable adjustments to make sure they are accessible to all. This duty requires organisations and services to anticipate the needs of disabled people and, where possible, make adjustments to provide the same level of service as for non-disabled patients.

The adjustments have to be made if it is reasonable to do so. This depends on such things as how practicable the changes are; the size of the organisation; if the change would overcome the disadvantage disabled peoples' experience and the cost of making the changes.

There are three different things organisations may need to do to make it easier for people to access or receive services. This includes changing the way things are done (e.g. allowing longer appointment time at the GP/dentist); changing a physical feature (e.g. installing a ramp or widening doors) or provide an extra aide or service (e.g. provide hearing induction loop or information in large print, braille or providing a BSL translator).

Hence, the onus is on the service to remove or reduce factors which may mean that people with Learning Disabilities do not receive health services which are as good as other people.

The comments given during this engagement activity give useful first hand feedback from participants with a Learning Disability about how it feels to access and use health services, and incudes their ideas as to what could be better. Some comments were also received from friends, carers and professionals.

5. Methodology

In order to collect consistent information from people with Learning Disabilities, a series of questions were developed to provide a framework for discussions with individuals. These questions can be found in Appendix 1.

The primary focus of these questions was collecting experiences of accessing health services, in particular doctors, dentists and hospitals, and capturing sufficient detail to ensure that this feedback would be useful to service providers. Where possible, we have identified the service provider associated with the feedback given, in order to allow services to respond to specific comments. The report also features more general comments, likes, dislikes and ideas for improvement that cannot be attributed to a specific service. These findings are all organised under appropriate headings at the end of the findings section in this report.

The questions could be completed by the individual alone, as part of a small focus group or with support from a Healthwatch Engagement Officer, care worker, friend, family member or carer.

Not all participants responded to all questions, and some questions were not applicable depending on the experience recounted.

A series of visual aids and symbols were also used to support communication with people with Learning Disabilities.

Engagement activities took part across Derbyshire. To protect the identity of individuals we are not able to provide a detailed list of these activities. However, it is possible to see the number of participants who took part in each district of Derbyshire by looking at 7.1 in the Findings section.

A total of 171 responses were collected.

6. Summary of Findings

There are several positive themes that have emerged from the findings, these relate to:

- Flexibility to allow the patient to attend appointments at a time of day that suits them.
- Clear communication to explain why and when appointments are running late or are cancelled.
- Allowing extra time to take conversations slowly.
- Health professional speaking to both the patient and their carer.
- The support given by Specialist Learning Disability Nurses in acute hospitals.
- The provision of easy read information.
- Health professionals listening, giving additional explanation and gaining understanding in plain English.
- Staff that are friendly and personable.
- Continuity with the same health professional.

Negative themes that emerged included:

- The positive themes reversed:
  - Not being talked to directly.
  - Professionals not talking slowly or steadily enough or checking understanding.
  - No communication as to why individuals were having to wait.
  - Use of complex language that individuals can't understand.
  - Lack of Easy Read information.
- Some staff lacking understanding/awareness about Learning Disabilities on some acute wards.
- Lack of agreed 'stop' sign that someone with a Learning Disability can use when treatment is painful/uncomfortable e.g. dental treatment.
- Problems with managing or paying for footcare.
- Lack of time for additional explanation/conversation when a single GP appointment is booked.
- Audio and visual announcement are required by some individuals, as they may not be able to see or read.

7. Findings

7.1 Where do participants live?

For this question, a total of 166 responses were collected. It was not possible to establish a response from 5 of the 171 participants.

District of residence	Number of participants	% of total
Amber Valley	26	15.2%
Bolsover	24	14%
Chesterfield	42	24.6%
Derby City	2	1.2%
Derbyshire Dales (North)	5	2.9%
Derbyshire Dales (South)	3	1.8%
Erewash	16	9.4%
High Peak	20	11.7%
North East Derbyshire	11	6.4%
South Derbyshire	17	9.9%
Unknown	5	2.9%

7.2 Age of participants

For this question, a total of 135 responses were collected. It was not possible to establish a response from 36 of the 171 participants.

Age range	Number of participants	% of total
16-24	10	5.8%
25-34	20	11.7%
35-44	32	18.7%
45-54	41	24%
55-64	22	12.9%
65+	10	5.8%
Unknown	36	21%

7.3 Findings by Service Provider

The comments reported below have been organised by service provider and are categorised as either positive, mixed or negative/ideas for improvement. All comments come from participants with a Learning Disability, unless stated otherwise.

Appletree Medical Practice

Positive

- The practice knows me well and works around me, like they don't give me early morning appointments.
- The practice will put a message up on the television screen if running late.
- They explain things, and go slowly.

Negative/Ideas for Improvement

- I'd like it if when my name comes up on the screen there is a voice to say it's my turn.
- When Lloyds pharmacy from the surgery delivers my medication, they say which day it will be delivered but they don't say what time. It drives me mad; it would help if they said morning or afternoon as I can't go out. It drives me bananas.

Brimington Surgery

Positive

- The doctors come to see me at home.
- (Named Doctor) comes to see me, she listens to me.
- She explains what my tablets are for.
- The doctor spoke to me really clearly.
- We do have home visits from the GP, they do the health check. The doctors at Brimington send us a form two weeks before they come and we can put any of our concerns down. (Comment from professional).

Chesterfield Royal Hospital

Positive

- They do explain everything, they have told me about the side effects of an eye operation so I am wondering if I should have it done. I am due to go back to see them again when I can ask other questions.
- Explained everything and I understood what they said.
- I had to go into Chesterfield Royal Hospital before Christmas to have a blood transfusion, the nurses were really nice.
- I was on (named ward) for five days, it was good because they let my support worker stay with me. The nurses talked with me and they were really nice. I went to A&E and there was a nurse there on work placement, she was really good and explained everything.
- We have been able to stay with people overnight in the hospital. We do liaise with (named professional) before individuals are admitted. This professional offers support by talking to other nurses on the ward. They offer them the traffic light system and we take in care plans. One of our residents broke his hip, I spoke to (named professional) and they were able to offer me some advice and they sorted things out with the Emergency Department and the ward. We have only just recently found out about this named professional. (Comment from professional).
- I went to Chesterfield Royal to have some teeth out under general anaesthetic, the dental consultant was absolutely fantastic, and they explained things really well.
- The dermatologist was very good as he spoke to me and my guardian but he asked me questions and he gave me time to answer them and I understood what he was saying.

Negative/Ideas for Improvement

- Doctors and clinical staff do speak directly to individuals but they speak with complex language that sometimes the support workers don't even understand. (Comment from professional).
- The nurses at the hospital will just leave us to it, sometimes that it a good thing and sometimes they leave us to do the personal care. (Comment made by professional).
- Parking problems make me worry.

Derbyshire Community Health Services

Mixed

- The Hydropool has been over prescribed for a while but he has recently got 12 sessions, the physio (name provided) has been great, she goes over sensory tips, she helps with him scrunching his hips up, and we have all had a good experience as they have had a lot of input into a number of services. Parents have struggled with wheelchair services but they have now got to see someone at the wheelchair clinic in Derby. (Comment from carer)
- There needs to be more support for people with a Learning Disability in community hospitals. My daughter was in Bolsover for three months, there wasn't very many people that could interact with her but the staff did treat her well and she did get

treated with dignity and respect. Two male nurses had to shower her but they did do it in a very dignified way.

- We get to hear a lot about some people when they are in hospital and sometimes nurses will not communicate with us because of confidentiality issues. Some of our residents do not have close family so we are the only ones that deal with them. We have set up passwords but communication isn't consistent across the hospital and things get lost in translation. Some nurses are very good with people whilst others seem very nervous to engage with residents, I feel there is still a stigma around Learning Disabilities. More often than not, our residents don't get washed when they are in community hospitals, especially Clay Cross, we are quite concerned because they don't have the same system as acute hospitals, they don't have acute liaison nurses. But on the other hand staff do communicate better, they ring us if they have any concerns and they do seem to have more time with the patients. There is an inconsistency with visiting times sometimes they will let us go at any time at the community hospitals while others will only let us go at visiting times. (Comment from professional).

Negative/Ideas for Improvement

- The receptionists mainly talk to my mum and dad. I would like them to talk to me.

Derbyshire Health United

Negative/Ideas for Improvement

- This participant had difficulties communicating his answers, so the support workers answered for him. The support workers said, 'We rang 111 at lunchtime but they didn't ring back until 3am. We have also contacted 111 at 7:30pm but the doctor didn't come round until 4am.'

Elmwood Surgery, Buxton

Mixed

- There is an automatic keyboard/check in that I can't get my head around so I speak to the receptionist. The receptionist is nice, I have to wait 20 minutes but I am happy to wait. There are magazines in each corner and a play area.
- Sometimes I understand what they say, sometimes I don't, my mum has to explain it to me and the doctor goes over things.

Negative/Ideas for Improvement

- Could there be a coffee machine and a water machine for while you are waiting?

Eyre Street Dentist

Positive

- The dentist does speak to me and explains everything he also speaks to my carers.

Negative/Ideas for Improvement

- No easy read information but I would really like that information so I could understand things.

Jessop Medical Practice, Ripley

Positive

- The surgery always tries to get her seen within two hours which is very good, and we feel fortunate to have this service. The surgery has known her all her life. (Comment from family member).

Newhall Surgery

Mixed

- When I have an emergency appointment, the doctors talk with medical words. They use long words, swivel their chair and go back to the computer. If my appointment is with my doctor, he is good, will explain and will say, 'Did you understand, do you want me to go over anything?' I like my doctor, he tries to help me.

Parkside Surgery, Alfreton

Positive

- The doctors are very good, I like talking to them. The doctors do not upset me.

Queen's Hospital, Burton-upon-Trent

Positive

- I know where to go. The signs are big and easy to understand. There are arrows too.
- Doctor speaks to me and my mum and dad which I like, and I'm told to say if don't understand, so they can explain.

Mixed

- Doctor speaks to me, and then my mum when I don't understand. They were talking fast; I wanted him to talk a bit slower. I like it when they talk to me slowly and steadily.

Negative/Ideas for Improvement

- I got fidgety and nervous because had to wait too long.
- They used big words.

Rectory Medical Centre, Staveley

Positive

- Doctor spoke to me and the support worker, they are very polite.
- They weighed me and I had put some weight on so they explained things to me.

Mixed

- It was an easy read letter, but I still can't understand it because I can't read.

Royal Derby Hospital

Positive

- Spoke to me and my carer.
- My mum always lets (named professional – a specialist learning disability nurse) know that we have an appointment, she is very good because she speaks to me and my mum. She is a great help because she speaks to other nurses to make them understand about Learning Disabilities.
- (Named professional) came to see me; she came before and after the operation. I like (named professional) because she talks to me, others don't. She smiles, and is funny.
- They gave me leaflets about what was wrong with me and I did understand the leaflet better than I had understood what the doctors said.
- When I went to the hospital at Derby they had very friendly nurses and they went to get me a cob and cup of tea.
- At Derby I enjoy going there for my appointments as I get a special nurse who sits with me whilst we wait and go to see the doctor. This really helps and I find it much better now as I do not like to be left on my own in a strange place. Before I used to go to another hospital and there was no help there. Even though it is further for me to go to I would rather go to Royal Derby as it means I stay calm rather than getting very upset. The nurse is very good.

Negative/Ideas for Improvement

- Whilst in hospital I had to keep asking to be covered up as I was cold. They did not cover me up properly, they did give me more blankets but I was still cold. I was near a window and I asked them to close it but they did not.
- I was really worried I would miss my appointment because we couldn’t park.
- When I went into hospital to have my teeth out there was no TV in my room. I would prefer this as I had to go into the dining room to watch TV and I did not want to do this as I did not know anyone else there.
- No easy read.

Sawley Medical Centre, Sawley

Negative

- Sometimes the doctor confuses me by using big words and talking fast. Sometimes I understand, sometimes I don’t understand.

St Phillips Drive Surgery, Hasland

Positive
- I speak to the doctor, he explains things well and speaks to my mum.

Swadlincote Surgery

Positive
- My sister makes all my appointments for me on-line and then emails me the details. She does this all on-line and this is done from abroad, where she lives. It is much better for her now as it used to cost her a lot of money to ring and make appointments for me. I only like to see one GP and so I will wait as long as I need to make sure I see them.

The Springs Health Centre

Positive
- I don't tend to go often but I have had a health check, they check my blood pressure, weight, the doctor explains things well, the doctor speaks to my relative as well, I take my health file in with me.

Wheatbridge Surgery, Chesterfield

Positive
- I like the Footcare and Dentistry at Wheatbridge, I am very happy they have helped me with my oral health.
- Wheatbridge are absolutely fantastic, they always make sure that individuals are OK and they are very person centred. (Comment from professional).

Mixed
- I rang up; first time I rang was on Thursday afternoon. I asked for an appointment and they told me to call back in the morning, I tried to ring the next day and the line was busy until 8:20am and then there were no appointments, I explained that it was urgent and they booked me in that day.
- The receptionist, she makes me feel OK. I don't have to wait long, my name is on a screen but I can't read it.

Negative/Ideas for Improvement
- No easy read but I am partially blind. I am learning to read braille, audio tapes would be good.
- They need to tell me why they haven't got any appointments when I have to wait a while to see a doctor; it is a worry for me. I need things explaining to me.

Woodville Surgery

Positive
- The doctor spoke to me and asked how I felt, instead of asking my relatives who were with me. I liked that. All the treatment I have received has been really good.

Negative/Ideas for Improvement

- I have not had a health check but my mum has had one so I am worried about that, also I have been wanting a flu jab, I don't understand why my mum can have one free because she is my carer but I can't have one. I have to pay privately for mine.

7.4 General Findings

The comments stated below are general likes, dislikes and ideas for improvement that cannot be attributed to a specific service. All comments come from participants with a Learning Disability unless stated otherwise.

Positive

- The receptionist checks me in, she is friendly and talkative and she always takes the time to have a chat.
- They always chat with me and ask me how my health is; they talk to me to ask how I am feeling.
- They speak to me and my parents because there are some parts that I don't understand.
- I like the receptionists because they call me by my first name.
- The dentist explains things really well and when I raise my hand they stop the treatment.
- When I had my scan last year I had some leaflets explaining what it was and what to expect. I understood some of it. I also have leaflets about my epilepsy which I like.
- I like it when I go to the dentist. It is a lady dentist and she uses something to clean my teeth and she gave me a pink tooth brush to take home.
- I get more time as I have Learning Disabilities. I get more time to talk and to allow me to think. This is good.
- The dentist explained what he was going to do before they did it so I do not get nervous.

Note: There were 20 separate comments about ‘friendly reception staff’.

Mixed

- I told the doctor that I did not like them using the word 'sex' during my health check, and he apologised.
- I got very anxious at the dentist and it brought me out into a rash and they thought it was because I was allergic to the rubber gloves. Actually the rash was due to anxiety and they are trying to find something for me to take as I get it when I get upset.
- I have leaflets but it builds my anxiety levels because I read them too much before appointments.
- Neurology is a difficult one for us, recently an indiviual has had a couple of appointments that have been cancelled at the last minute, this causes a great deal of anxiety because there hasn't been an explanation to go with it and the next appointment isn't reorganised for another 3-4 months leaving the individual feeling very worried. More things to be in easy read so our residents could understand things better, the easy read breast screening is good but I don't know if it is sent out to people. To have easy read consent forms for procedures in hospitals,

sometimes they don't tell us much but we are expected to consent to treatment, the individual needs to understand it. (Comment from professional).

Negative/Ideas for Improvement

- A letter with symbols/easy read would be helpful (x 11).
- Fifteen participants mentioned that they can't cut their own toe nails, they aren't able to use cutting equipment and using a chiropodist is expensive and takes money out of their budgets.
- I hate waiting because it makes me feel worried I find it hard to understand why I have to wait. Services don't tell us why appointments have been cancelled.
- The doctor was rushing and I did not understand (x 5).
- They hurt me when they were cleaning my teeth. I didn't tell them to stop. They should give a sign to say stop because you are hurting me.
- Dislike being rushed (x 15).
- We have never come across an acute liaison nurse before and we support a lot of people in hospital. Some nurses are great whilst others seem to have limited knowledge/experience of caring for people with a Learning Disability. (Comment from professional).
- For my carer to come into the Ambuline patient transport ambulance with me.
- The doctor just spoke to my mum.
- A book to read that is easy read in the waiting room.
- I would like to see the same doctor so he could get to know me better (x 12).
- Talking too fast (x 8).
- Less waiting time on the telephone (x 4).
- Less waiting in the waiting room (x 17).
- The letters about the health check are sent to my son and daughter individually but it would be good if there was a health check letter done in easy read.
- A professional suggested that a double appointment should always be provided due to the length of time needed for communication, explanation, reassurance etc and this should be 'standard' practice.
- A comment from parent carer suggested that health records could be adapted to cover more areas and that there should be facility to add pages.
- We don't have blister packs with our own medication, I have to be given it by someone else but I would like to be able to take my tablets on my own.
- My carer isn't recognised as a carer because he has a Learning Disability I think they just look at him as a service user.

<u>Specific comments about the Annual Health Check</u>

- I can't remember when I had it. The appointment is quite short.
- The nurse takes my blood pressure, she checks my heart, weighs me and explains everything to me.
- Take my blood pressure, I didn't ask many questions and I wasn't given any information.
- They do blood pressure, physical check, blood, hernia check and they ask how I am feeling.
- The mental health question always panics service users at the health checks causing anxiety because they think they have a mental health condition. (Comment from professional).

- They look at medication, general physical health but they don't look at feet. We can refer them to a chiropodist at Brimington or Clowne for free treatment. (Comment from professional).

8. Recommendations

This report recommends that health services should review their ability to identify patients with a Learning Disability and make reasonable adjustments to their needs as highlighted in the patient feedback given, to include:

1. Registering and accommodating a preference regarding appointment times, when possible.
2. Developing communication systems that explain when and why appointments are running late or are cancelled.
3. Creating systems to allow extra time in appointments, such as the routine use of double appointments in General Practice.
4. Reviewing training/awareness for staff to build skills, techniques and confidence in dealing with Learning Disability patients and their carers.
5. Highlighting the specialist role of learning disability nurses in acute hospitals to ensure maximum awareness and usage of the service.
6. Reviewing the availability of appropriate easy read information.
7. Promoting continuity with the same health professional when possible.
8. Introducing an agreed 'stop' sign for painful/uncomfortable treatment when necessary.
9. That due consideration is given to the availability and provision of appropriate and affordable footcare.
10. That every reasonable effort is made to maximise the take up of the Annual Health Check.

9. Service Provider Responses

Response from Deborah Jenkinson, Service Manager – Learning Disabilities and Autism Derbyshire County Council

Whilst the report focused specifically on health services Adult Social Care work in partnership to promote the health and wellbeing of people with a learning disability and welcome the report and its findings. As your report highlights, the findings are similar to the Joint Learning Disability Self-Assessment Framework and improving access to healthcare has been a priority for a number of years.

Whilst there is further work to be done it is gratifying to see that many people have had good experiences and improvements have been made. Colleagues in health services have worked hard and the health facilitators and hospital liaison nurses are positive initiatives to support services to make the required changes and better meet the needs of people with a learning disability.

The report will contribute to the 2016 Joint Self-Assessment Framework submission, and the Learning Disability Partnership Board are looking forward to receiving the report later in the year. The recommendations will be considered as part of the LD SAF action planning process.

Response from Sarah Todd, Patient Experience Manager – Derby Teaching Hospitals Foundation Trust

The Trust would like to thank our colleagues at Healthwatch Derbyshire for preparing and sharing their report on healthcare services for patients with Learning Disabilities. We found the feedback regarding our services here at Derby Teaching Hospitals very reassuring and it shows us we are providing a good service for those with Learning Disabilities. We are very proud of the work of Debbie Edwards in particular; without whom we would not have achieved what we have done.

However, we are not complacent and have taken on board each of your recommendations. We appreciate your recommendations were to the health community as a whole and not just acute Trusts. Nevertheless, we have detailed point by point our responses to your recommendations, including details of actions we already have in place:

1. Appointment times and lengths can be adjusted for those that need reasonable adjustments to be made. For example, where patients need more time to relieve anxiety and aid better communication, double-length appointments are made and set at times suitable to them. Patients with particular needs can also be prioritised so that they are not waiting for long lengths of time.
2. As above.
3. As above.
4. In terms of training staff in LD awareness, there is mandatory training as part of the Safeguarding module plus there is ad-hoc training available as and when staff require it (e.g. if a ward is expecting to care for a person with LD and needs to prepare). Therapy staff also have a package of training, as do student nurses.
5. Our LD Specialist Nurse provides her details to staff and promotes the value of the role at carers groups as well. We are also considering doing some awareness raising as part of the Carers Week. Internally, we recognise we can always do more to promote staff accessing the services of the specialist nurse and will consider how we can continuously remind staff about the service.
6. There are a range of easy read leaflets and information packs the Trust uses – there are lots of condition-specific leaflets online (e.g. for cancer), therefore, we haven't had a need to create our own. We instead access existing resources. Furthermore, every ward has a Hospital Communication Book, which includes guidelines, and we used nationally recognised pain indicators and a 'Traffic Light Assessment' to help staff identify a patients' needs. We also have a number of videos on our website showing patients certain common procedures such as having a blood test.
7. We can make arrangements so that the patient sees the same health professional, but it can be difficult as it is on an availability basis. However, as all LD patients can have our specialist nurse with them, which goes some way to offering

continuity. Patients often see different doctors (consultants, registrars in same team) but will frequently have a named nurse practitioner they see in clinic. This also offers some continuity.

8. It is standard practice with all patients receiving painful or uncomfortable procedures to agree a 'stop' signal.
9. We don't believe this applies to us – we are presuming this is relating to a podiatry service. If you have any suggestions for us regarding foot care, please get in touch.
10. Although we are not General Practice so don't provide the Annual Health Check ourselves, our specialist nurse routinely asks her patients if they've had their check and when they haven't and will be due one, she encourages them to book one with their GP.

We also note that there were 4 negative comments about our services and would like to apologise that those patients did get the full service they needed/desired. We have the following responses for you:

- In response to the first negative comment about the lady who was cold, we note she was given more blankets but was still cold and the window was open. The window may well have been open to keep the temperature down as our wards can get very warm and other patients may have been uncomfortable but without knowing the exact time and ward, it's difficult to comment. Our staff always endeavour to make patients as comfortable as possible so we apologise she wasn't kept comfortable during her stay.
- In response to the car parking issue, we recognise this is an issue across the Trust and at peak times there are queues for the car parks. Unfortunately there aren't enough spaces at peak times but we have taken some actions to try and reduce the volume of cars entering at those times. We have reduced priced car parking after 5pm (£1) to encourage ward visitors to come then instead of in the afternoon at 2pm. Many of our clinics are now offering evening and weekend slots to encourage people to come outside of peak times but this is dependent on the individual service's staff availability and some that have offered these slots have then had poor uptake. We are also in the process of applying for permission to build another car park.
- In response to the lack of TV access, at present, not all side rooms have TVs in them and they are being under-utilised where we do have TVs in bays and side rooms. We believe this is mainly because people watch videos and TV on their own devices a lot more now and people don't want to pay to watch TV in hospital. We will review the provision of TV and entertainment across our wards and departments. Clearly there is a cost implication in providing such services so they need to meet the demand of most patients rather than a small minority of patients.
- In response to the final comment about there being no easy read information, as already detailed in our response to recommendation number 6, we do have access to a whole range of resources so the patient should have been offered access to the required easy read information. It is possible staff weren't aware of the need and this is why easy read was not provided. We cannot have easy read and

translated formats of every leaflet out on display in clinics as this would be impractical, but these are made available on request.

Chesterfield Royal Hospital NHS Foundation Trust

The Trust welcomes this report and is very pleased that the majority of the findings are positive. The recommendations have been responded to below.

Overall Recommendations - The Healthwatch report recommends that health services should review their ability to identify patients with a Learning Disability and make reasonable adjustments to their needs as highlighted in the patient feedback given, to include:

1. Registering and accommodating a preference regarding appointment times, when possible.

Alerts are put on the Medway system at the Trust to identify patients that have a Learning Disability (LD). Specific care pathways for complex patients can be agreed that accommodate a patient's needs. There is an alert facility on Medway to highlight those patients who have a specific agreed care pathway.

Royal Primary Care (RPC) have a database that includes carers information and the clinical system also links family relationships and households, so where consent has been gained, RPC can communicate with family members so they can then relate the information to the patient.

2. Developing communication systems that explain when and why appointments are running late or are cancelled.

This is an issue that is highlighted by the Friends and Family survey, therefore something that the Trust is aware of. For patients with learning disabilities, as mentioned previously, specific care pathways can be put in place to minimise the disruption to them e.g. first appointment or first on the list on the day for surgery.

Within RPC there are private rooms available for patients if they need a more relaxed waiting area and they have a robust DNA procedure that ensures they contact patients with LDs if they fail to attend their appointment.

3. Creating systems to allow extra time in appointments, such as the routine use of double appointments in General Practice.

The Trust is currently looking at the feasibility of this. However, the breast screening unit already have a system which routinely allows ladies with learning disabilities extra time (30 minute slot rather than the standard 6 mins) when they attend their appointments at the hospital.

40 minute appointments are offered at RPC for LD health checks as standard.

4. Reviewing training/awareness for staff to build skills, techniques and confidence in dealing with Learning Disability patients and their carers.

Training is regularly reviewed and delivered as follows:
- face to face training
- at the point of care
- mandatory training on safeguarding and MCA/DoLS also includes elements with regards to patients with Learning Disabilities.

The Care Certificate training for all unqualified clinical staff, has a session on Learning Disability which is delivered by the Learning Disabilities Lead.

RPC is currently looking at e-learning as an option to raise awareness. Training for RPC clinicians is bi-annually with a strategic health facilitator and all other staff have annual online training. Consent and Chaperoning training is also attended once a year.

5. Highlighting the specialist role of learning disability nurses in acute hospitals to ensure maximum awareness and usage of the service.

The role has been highlighted internally for example Learning Disability Lead nurse role has been highlighted on information stands in the main concourse. Externally, flyers have been sent to GP practices and various other meetings/forums e.g. the Learning Disability Partnership Board meetings

6. Reviewing the availability of appropriate easy read information.

Easy read information is available on the Trust website:
http://www.chesterfieldroyal.nhs.uk/patients/easy_read/index

RPC provide different letter formats to help promote communication and there is a Makaton trained clerk to further enhance this. All staff has online access to websites containing letter formats for LD reviews. Practice handbooks are also available in differing formats and prints.

7. Promoting continuity with the same health professional when possible.

Each LD patient's case is looked at individually and where possible the same health professional will care for the patient.

All RPC patients are offered the opportunity to see the nurse/GP of their choice as standard.

8. Introducing an agreed 'stop' sign for painful/uncomfortable treatment when necessary.

This is something that the Trust would be happy to sign up to but feel it needs to be agreed Derbyshire wide; the same "stop" sign needs to be used for all healthcare services. Also it needs to be discussed with people with learning disabilities. This is something that we would work with the Learning Disability Partnership Boards to take forward.

9. That due consideration is given to the availability and provision of appropriate and affordable footcare.

N/A

10. That every reasonable effort is made to maximise the take up of the Annual Health Check.

This is something that the LD lead nurse highlights to LD patients and RPC offer different letter formats to invite patients for their Annual Health Check.

Response from David Gardner, Hardwick CCG

Hardwick CCG supports the four Derbyshire CCGs with their commissioning of learning disability services and coordinates the Joint Commissioning Board for learning disabilities. Our response is on behalf of all 4 CCGs.

This was a very helpful report which is consistent with the reports and comments we have received through the self-assessment process, Good Health Group and Learning Disability Partnership Boards.

It has been good to read of the positive experiences of care, and we feel this demonstrates how services have improved over the last few years. We feel that the report also shows how and where we need to continue to make efforts to improve.

All GP practices have received training regarding the Learning Disability Annual Health Check, they have been provided with a pack of easy read information which includes a template for an easy read letter and a link to a site to make their own easy read invitation.

We have launched webpages this year to enable this easier for practices to access this information via a web link: http://www.derbyshirehealthcareft.nhs.uk/services/learning-disabilities/annual-health-check/inviting-people/ (recommendation 4 and 10)

Our Strategic Health Facilitation team have conducted a series of quality checks with GP Practices in 2015 and have visited 34% of practices to check on the quality and content of the Annual Health check. The minimum time allowed for the check was 20 minutes with the Nurse (plus additional if required with GP) and maximum 60 minutes. A report is currently in the process of being written (Recommendation 10).

We had already raised concerns regarding access to chiropody and podiatry services at the Good Health group following feedback from the Learning Disability Self-Assessment. A presentation was subsequently delivered to the group by the Podiatry Services Manager and easy read podiatry leaflets were circulated in order to improve availability and provision of appropriate and affordable foot care (recommendation 9)

We have also recommended that during the assessment process for support, foot care needs are taken into account. Social workers who complete the assessments are being provided with a schedule of expected health appointments. Checking feet is also part of the Annual Health check and GPs can refer for further treatment (recommendation 9).

Carers can be registered as carers with their GP and support can be provided by Derbyshire Advocacy and Derbyshire Carers. We recognise that people with learning disabilities can be carers and try to extract this information annually from our GP

practices. Last year GPs recorded 168 patients with a learning disability across Derbyshire as also being a carer.

All Main Hospitals in the East Midlands have a Learning Disability Liaison Nurse. Through the Good Health group and local Learning Disability partnership Boards, the specialist role of learning disability nurses in acute hospitals has been consistently promoted in order to maximise usage and awareness of the service. We have also promoted the role of the liaison nurses through web information, at events, provider forums and in Health Action Plan training. The hospitals are improving at telling people about the Learning Disability Liaison Nurses and Derby Teaching Hospital is including contact details of the nurse in letters to patients (recommendation 5).

The availability of annual health checks is also promoted through the Good Health group, local Learning Disability partnership Boards and additional meetings attended by Strategic health Facilitators (i.e. Taskforce events) (Recommendation 10). Individuals with Learning Disabilities have also regularly supported us in the development of easy read information (recommendation 6.) for wider circulation across Derbyshire and Derby City.

Communicating with individuals is emphasised in the Learning Disability Annual Health Check training for GP practices and we have provided toolkits to support communication across health services. We have also supported some services to develop easy read booklets for their services e.g. what happens at Ripley/ Ilkeston Hospital and we have given 3,000 symbols based 'My Health' files out across Derbyshire to enable people with Learning Disabilities to enable them to keep their own health records. There are additional pages that can be added, and bespoke sections can be made by individuals (Recommendation 2, 4, 6 and 10).

We will be asking the Strategic Health Facilitator team to take forward the points raised in relation to appointment times, communications systems and training (recommendations 1, 2, 3, 4, 7 and 8).

In 2016 the Accessible Information Standard will mean that healthcare providers will all be required to record people's communication needs and respond to them. We have made contact with Communication Teams across Derbyshire NHS community about this and suggested that they attend events in the East Midlands to help them to learn more about implementing the law. Health services will also be expected to sign up to the Dignity campaign which includes respecting people by keeping them informed (Recommendation 1 and 2).

In addition to the packs currently provided to GP practices, which support health care appointments and health checks, we have provided all our local and main hospitals and clinics with a pack to help them to communicate with people who have learning disabilities. This is called 'My next patient has a learning disability.' We will ask the Equality leads at the Hospitals and clinics to remind their staff teams to use the packs (Recommendation 1, 2, 3, 4, 6 and 8).

Practices have been asked to send a pre health check questionnaire to patients. |However, we have found through the quality checks that few do so. This is something we

will be emphasising in the training. There is also a section in the annual health check which covers mental health; we will add comments from the assessment regarding the mental health question causing anxiety into the GP updates for 2016.

We will also be ensuring that through our commissioning arrangements with health providers they continue to make progress in being responsive and making adjustments for people. The Learning Disability Clinical Professional reference group have planned in an agenda item to will focus on reasonable adjustments at their meeting in March 2016.

We are pleased that the Learning Disability Liaison nurse professional approach has worked well in Chesterfield Royal and Royal Derby Hospitals and we wish to support their continued efforts to improve services. We will particularly pay attention to training and support to staff in the smaller hospitals. We do note that there is a differential in health checks and the support offered by practices and we will continue to ask practices to work with our health facilitators on the points patients raised.

Our understanding is that most dentists do suggest that people put up their hands if they want to stop. However, we are planning to offer training to high street dentists this year and will make sure that this is emphasised (Recommendation 8)

In particular we wish to ensure people with a learning disability have access to cancer screening services. This has been piloted in Hardwick practices and CCGS and Public Health are working to see this being adopted elsewhere.

Response from Derbyshire Health United (DHU)

DHU found aspects of the report useful. The overall summary of the report findings will help to guide DHU to deliver better care for people with Learning Disabilities within Derbyshire. The specific comments regarding DHU makes it very difficult to investigate or provide specific feedback without patient details and date/time of contact with NHS 111 / Out of Hours GP.

DHU had already made some adaptations to the services they provide in order to make them more accessible for people with Learning Disabilities but since this report has been issued DHU is re-addressing some of their approaches. For example, DHU recognises that individuals with a learning disability may require longer consultations with medical staff to give them the time in which to communicate their needs or symptoms. DHU will allocate double appointments to anyone with a learning disability in order to improve the quality of the consultation.

This was implemented some time ago but DHU feel that this needs to be communicated again to all DHU staff to improve awareness of this facility.

DHU plan to make the following changes – to produce an up to date leaflet to inform and educate all clinical and non-clinical staff regarding national and local healthcare issues for people with a learning disability. This leaflet will include the best ways to adapt approach when communicating with a patient with a learning disability and issues to avoid (as highlighted within this report).

DHU will continue to provide information in easy-read format whenever possible.

Response from Queen's Hospital Burton NHS Foundation Trust

Thank you for sharing the findings of this report. Although there were few comments relating to this Trust it is heartening to see the positive comments and we recognise that the issues raised for other Acute Trusts are relevant to our services and patients. It is also true that many of the issues raised are relevant for all patients regardless of disability. The recommendations promote how we want to deliver our services and they will contribute to our continued striving to improve patient experience for our most vulnerable patients.

We are currently reviewing how information about communication needs in relation to a learning disability or sensory impairment are recorded, shared across the hospital and acted upon. We expect that this will address several of the recommendations of the report and will include the reviewing of the availability of easy read information and accommodating preferences for appointment times where possible.
We are committed to improving staff awareness of learning disability. Staff professional development days include awareness-raising and in April a Learning Disability Conference is being held for staff.

Our Safeguarding Vulnerable Adults Lead Nurse works closely with Primary Care Clinical Nurse specialists to promote her supporting role to patients, in addition to visiting community based groups and forums to help ensure that people with learning disabilities and carers are aware of the support available when they need to come into hospital. Referrals through the PALS team also help support this. Where possible we try to accommodate patients on the same ward for repeat visits so that they can be cared for by familiar faces.

Response from Derbyshire Community Health Services NHS Foundation Trust

We have found this report to be very useful. Where our service users have identified a need for improvement we will now be able to focus on developing our skills to meet that need. DCHS is committed to Healthcare4all and we are working hard to ensure that wherever people with learning disabilities access our services they will have the positive experience that all of our patients should expect. Our eight Caring Always promises describe what the experience should be like. We are very sorry to hear that some people who have used our services have not had an experience that meets those promises.

Since reading this report, we have already:

- Provided feedback to the staff providing the Hydrotherapy service at Ashgreen about how highly valued this is. The service is available as part of a planned specialist programme.
- Discussed with leaders the importance of understanding what each service user's needs are – and the importance of identifying each person's preferences and communication abilities.
- Agreed a commitment to improve our ability to communicate with all people with learning disabilities and to support staff in developing their skills.

- Agreed the ongoing need to identify every person with a learning disability and make reasonable adjustments, especially in relation to their communication needs.

We will be making the following changes:

Skills and awareness:

- Making sure that our staff are equipped with the skills and resources to offer the best standards of personal care regardless of need or ability. We will ensure that we improve levels of awareness around the needs of people with learning disabilities, especially to equip them to make adjustments to their usual communication style. A training package will be developed on wards at Clay Cross and Bolsover initially, in conjunction with our specialist LD team.
- Involve Clay Cross hospital in providing internships for people with learning disabilities, as we believe this will help to increase awareness amongst our staff.
- Ensure that there is ongoing support for staff working in our community hospitals from our specialist LD team.

Resources and information:

- Establish systems that will capture the communication needs and adjustments needed for people using any of our services.
- Focus on meeting Accessible Information Standards and Inclusive communication across all services

Patient Experience and involvement:

- Ensure that people with learning disabilities are able to fully participate in our Access to Healthcare Forum.
- Making a more accessible patient feedback form (piloted in our specialist services) available to people using any of our services.

This valuable feedback has ultimately helped us to bring about positive changes within our services. We are an organisation that takes equality and diversity matters very seriously and we will continually strive to fulfil our commitment to a positive patient experience, regardless of need or ability.

10. Appendix I

Learning Disability Prompts.pdf

Your Feedback

Access to Health Services for People with Learning Disabilities Report

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: ……

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b) We will be making the following changes: ……

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……

……

Your name: ……

Organisation: ……

Email: ……

Tel No: ……

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire, DE56 0RN